

## STIC Database Tracking Number: EIC3600

To: LENA NAJARIAN

Location: KNX-5A59

Art Unit: 3686

Tuesday, April 07, 2009

Case Serial Number: 09/756885

From: ROBERT FINLEY

Location: EIC3600

KNX-2A80-C

Phone: (571)272-8952

robert.finley@uspto.gov

## Search Notes

Dear Examiner Najarian:

Please find attached the results of your search for the above-referenced case. The search was conducted in the Business Methods Template databases appropriate for the application.

I have listed *potential* references of interest in the first part of the search results. However, please be sure to scan through the entire report. There may be additional references that you might find useful.

Dialog search results are presented in two formats, Word (.doc) and Acrobat (.pdf).

To navigate this document: use FIND function {Ctrl-F}

~~ will find the beginning of each group of results

^ will find the tagged items

Information on Dialog databases can be found at: <http://library.dialog.com/bluesheets/>

If you have any questions about the search, or need a refocus, please do not hesitate to contact me.

Thank you for using the EIC, and we look forward to your next search.

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## **I. Potential References of Interest**

### A. Dialog

~~ Patent Literature: Inventor search

**^ 5/3/1 (Item 1 from file: 350)**

DIALOG(R)File 350:Derwent WPIX

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0012941114 - Drawing available

WPI ACC NO: 2003-017785/200301

XRPX Acc No: N2003-013668

**Patient referrals distribution method involves providing list of certified practitioners in predefined preferential order, to patients who wish to require medical procedures**

Patent Assignee: ALIGN TECHNOLOGY INC (ALIG-N)

Inventor: BREELAND J ; CHISHTI M ; VARGHA K

**Patent Family** (1 patents, 1 countries)

Patent Application

Number	Kind	Date	Number	Kind	Date	Update
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US 20020133386	A1	20020919	US 2001756885	A	20010109	200301 B
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Priority Applications (no., kind, date): US 2001756885 A 20010109

### **Patent Details**

Number Kind Lan Pg Dwg Filing Notes

US 20020133386	A1	EN	12	3
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~~ Patent Literature:

Dialog files: 347,348,349,350

**^ 9/3,K/2 (Item 1 from file: 350)**

DIALOG(R)File 350:Derwent WPIX

(c) 2009 Thomson Reuters. All rts. reserv.

0012941114 - Drawing available

WPI ACC NO: 2003-017785/200301

XRPX Acc No: N2003-013668

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Priority Applications (no., kind, date): US 2001756885 A 20010109

### **Patent Details**

Number	Kind	Lan	Pg	Dwg	Filing Notes
US 20020133386	A1	EN	12	3	

Patient referrals **distribution method involves providing** list of certified practitioners **in predefined** preferential **order, to patients who wish to require** medical procedures

### **Original Publication Data by Authority**

#### **Argentina**

Assignee name & address:

#### **Original Abstracts:**

**Practitioners** are certified to perform a medical procedure, such as an orthodontic **procedure**. Certified practitioners are maintained in a referral directory and classified within tiers based on criteria such as the number of procedures that they have performed. Inquiries are solicited from prospective **patients**, and **referral lists are provided to those patients** who request them. **The referral lists are obtained from the referral directory** with doctors from **higher** tiers who have performed more procedures receiving **preferential** inclusion on the **referral lists**.

#### **Claims:**

What is claimed is: **<math><b>1</b></math>**. A method for **referring patients** to practitioners said method comprising: certifying a **group of** practitioners to perform a **medical procedure**; identifying individual patients who wish to receive the **procedure**; and **providing** to the identified individual patients a list of certified practitioners, wherein those practitioners who have performed more procedures than others of **the practitioners** are **placed preferentially on the list**.

## **II. Inventor Search Results from Dialog**

~~ Patent Literature: Inventor search

File 347:JAPIO Dec 1976-2008/Oct(Updated 090220)  
(c) 2009 JPO & JAPIO

File 348:EUROPEAN PATENTS 1978-200914  
(c) 2009 European Patent Office

File 349:PCT FULLTEXT 1979-2009/UB=20090319|UT=20090312  
(c) 2009 WIPO/Thomson

File 350:Derwent WPIX 1963-2009/UD=200919  
(c) 2009 Thomson Reuters

Set	Items	Description
S1	84	AU=CHISHTI M?
S2	6	AU=VARGHA K?
S3	4	AU=BREELAND J?
S4	92	S1 OR S2 OR S3
S5	1	S4 AND (((PRACTITIONER? ? OR DOCTOR? ? OR PHYSICIAN? ?)(6N- (CERTIFY???) OR CERTIFIE? ? OR CERTIFICATE? ? OR CREDENTIAL??- ))(12N)((MEDICAL OR SURGICAL)(4N)(PROCEDURE? ? OR TREATMENT? ? OR OPERATION? ?)))

### **^ 5/3/1 (Item 1 from file: 350)**

DIALOG(R)File 350:Derwent WPIX  
(c) 2009 Thomson Reuters. All rts. reserv.

0012941114 - Drawing available

WPI ACC NO: 2003-017785/200301

XRPX Acc No: N2003-013668

**Patient referrals distribution method involves providing list of certified practitioners in predefined preferential order, to patients who wish to require medical procedures**

Patent Assignee: ALIGN TECHNOLOGY INC (ALIG-N)

Inventor: BREELAND J ; CHISHTI M ; VARGHA K

**Patent Family** (1 patents, 1 countries)

Patent Application

Number	Kind	Date	Number	Kind	Date	Update
--------	------	------	--------	------	------	--------

US 20020133386	A1	20020919	US 2001756885	A	20010109	200301 B
----------------	----	----------	---------------	---	----------	----------

Priority Applications (no., kind, date): US 2001756885 A 20010109

### **Patent Details**

Number	Kind	Lan	Pg	Dwg	Filing Notes
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~~ Non-Patent Literature: Inventor search

- File 2:INSPEC 1898-2009/Mar W5  
(c) 2009 Institution of Electrical Engineers
- File 9:Business & Industry(R) Jul/1994-2009/Apr 04  
(c) 2009 Gale/Cengage
- File 15:ABI/Inform(R) 1971-2009/Apr 04  
(c) 2009 ProQuest Info&Learning
- File 610:Business Wire 1999-2009/Apr 01  
(c) 2009 Business Wire.
- File 613:PR Newswire 1999-2009/Apr 06  
(c) 2009 PR Newswire Association Inc
- File 624:McGraw-Hill Publications 1985-2009/Apr 06  
(c) 2009 McGraw-Hill Co. Inc
- File 634:San Jose Mercury Jun 1985-2009/Apr 02  
(c) 2009 San Jose Mercury News
- File 810:Business Wire 1986-1999/Feb 28  
(c) 1999 Business Wire
- File 813:PR Newswire 1987-1999/Apr 30  
(c) 1999 PR Newswire Association Inc
- File 16:Gale Group PROMT(R) 1990-2009/Mar 16  
(c) 2009 Gale/Cengage
- File 148:Gale Group Trade & Industry DB 1976-2009/Mar 20  
(c) 2009 Gale/Cengage
- File 160:Gale Group PROMT(R) 1972-1989  
(c) 1999 The Gale Group
- File 275:Gale Group Computer DB(TM) 1983-2009/Mar 11  
(c) 2009 Gale/Cengage
- File 621:Gale Group New Prod.Annou.(R) 1985-2009/Feb 27  
(c) 2009 Gale/Cengage
- File 636:Gale Group Newsletter DB(TM) 1987-2009/Mar 13  
(c) 2009 Gale/Cengage
- File 20:Dialog Global Reporter 1997-2009/Apr 04  
(c) 2009 Dialog
- File 35:Dissertation Abs Online 1861-2009/Mar  
(c) 2009 ProQuest Info&Learning
- File 65:Inside Conferences 1993-2009/Apr 06  
(c) 2009 BLDSC all rts. reserv.
- File 99:Wilson Appl. Sci & Tech Abs 1983-2009/Feb  
(c) 2009 The HW Wilson Co.
- File 256:TecInfoSource 82-2009/Dec  
(c) 2009 Info.Sources Inc
- File 474:New York Times Abs 1969-2009/Apr 05

(c) 2009 The New York Times  
File 475:Wall Street Journal Abs 1973-2009/Apr 06  
(c) 2009 The New York Times  
File 583:Gale Group Globalbase(TM) 1986-2002/Dec 13  
(c) 2002 Gale/Cengage  
File 149:TGG Health&Wellness DB(SM) 1976-2009/Mar W1  
(c) 2009 Gale/Cengage  
File 444:New England Journal of Med. 1985-2009/Dec W2  
(c) 2009 Mass. Med. Soc.  
File 5:Biosis Previews(R) 1926-2009/Mar W5  
(c) 2009 The Thomson Corporation  
File 73:EMBASE 1974-2009/Apr 03  
(c) 2009 Elsevier B.V.  
File 155:MEDLINE(R) 1950-2009/Apr 03  
(c) format only 2009 Dialog  
File 34:SciSearch(R) Cited Ref Sci 1990-2009/Mar W5  
(c) 2009 The Thomson Corp  
File 434:SciSearch(R) Cited Ref Sci 1974-1989/Dec  
(c) 2006 The Thomson Corp

Set	Items	Description
S1	375	AU=(CHISHTI, M? OR CHISHTI M? OR CHISHTI(2N)M?) OR BY=CHISHTI(2N)M?
S2	16	AU=(VARGHA, K? OR VARGHA K? OR VARGHA(2N)K?) OR BY=VARGHA-(2N)K?
S3	1	AU=(BREELAND, J? OR BREELAND J? OR BREELAND(2N)J?) OR BY=B-REELAND(2N)J?
S4	392	S1 OR S2 OR S3
S5	0	S4 AND (((PRACTITIONER? ? OR DOCTOR? ? OR PHYSICIAN? ?)(6N-)(CERTIFY???) OR CERTIFIE? ? OR CERTIFICATE? ? OR CREDENTIAL??-))(12N)((MEDICAL OR SURGICAL)(4N)(PROCEDURE? ? OR TREATMENT? ? OR OPERATION? ?)))

### **III. Text Search Results from Dialog**

#### **A. Patent Files**

~~ Patent Literature:

Dialog files: 347,348,349,350

File 347:JAPIO Dec 1976-2008/Oct(Updated 090220)

(c) 2009 JPO & JAPIO

File 348:EUROPEAN PATENTS 1978-200914

(c) 2009 European Patent Office

File 349:PCT FULLTEXT 1979-2009/UB=20090319|UT=20090312

(c) 2009 WIPO/Thomson

File 350:Derwent WPIX 1963-2009/UD=200919

(c) 2009 Thomson Reuters

Set Items Description

S1	2352 (PRACTITIONER? ? OR DOCTOR? ? OR PHYSICIAN? ? OR SPECIALIS- T? ? OR DENTIST? ? OR SURGEON? ?)(6N)(CERTIFY??? OR CERTIFIE? ? OR CERTIFICATE? ? OR CREDENTIAL?? OR AUTHORI?ATION OR AUTHO- RI??? OR LICENSE? ? OR LICENSING OR QUALIFIE? ? OR QUALIFY???)
S2	1186 (MEDICAL OR MEDICINE OR HEALTH OR HEALTHCARE OR SURGICAL)(- 4N)(PROCEDURE OR PROCEDURES OR TREATMENT OR TREATMENTS OR OPE-
	RATION OR OPERATIONS) OR SURGERY OR SURGERIES
S3	2047 PATIENT OR PATIENTS OR INPATIENT OR INPATIENTS OR OUTPATIE- NT OR OUTPATIENTS OR PARTICIPANT OR PARTICIPANTS OR SUBSCRIBER OR SUBSCRIBERS
S4	1847 REFER? ? OR REFERR??? OR INDORS??? OR ENDORSEMENT? ? OR RE- COMMEND??? OR RECOMMENDATION? ?
S5	1956 PREFERENCE OR PREFERENTIAL?? OR PREFERR??? OR PRIORITY??? OR PRIORITY?ING OR PRIORITY?ATION? ? OR PREEMPT??? OR FAVOR??? - OR FAVOUR??? OR CHOSEN
S6	1346 DATABASE OR DATABASES OR LIST OR LISTS OR DIRECTORY OR DIR- ECTORIES
S7	527 S3(8N)S4
S8	256 S5(12N)S6
S9	2 S1(40N)S2(40N)S7(40N)S8

**9/3,K/1 (Item 1 from file: 349)**

DIALOG(R)File 349:PCT FULLTEXT

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01023524

**SYSTEM AND METHOD FOR MANAGEMENT OF TRANSCRIBED DOCUMENTS  
SYSTEME ET PROCEDE DE GESTION DE DOCUMENTS TRANSCRITS**

Patent Applicant/Assignee:

XL8 SYSTEMS INC, 5910 N. Central Expwy., Ste. 1350, Dallas, TX 75206, US,  
US (Residence), US (Nationality), (For all designated states except:  
US)

Patent Applicant/Inventor:

YE Hongzhan, 3308 Langston Drive, Plano, TX 75025, US, US (Residence),  
US (Nationality), (Designated only for: US)

Legal Representative:

JEANG Wei Wei (et al) (agent), Munsch Hardt Kopf & Harr, P.C., 4000  
Fountain Place, 1445 Ross Avenue, Dallas, TX 75202-2790, US,

Patent and Priority Information (Country, Number, Date):

Patent: WO 200352666 A2 20030626 (WO 0352666)

Application: WO 2002US40180 20021217 (PCT/WO US0240180)

Priority Application: US 200124169 20011217

Designated States:

(Protection type is "patent" unless otherwise stated - for applications  
prior to 2004)

AE AG AL AM AT AU AZ BA BB BG BR BY BZ CA CH CN CO CR CU CZ DE DK DM DZ  
EC EE ES FI GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP KR KZ LC LK LR  
LS LT LU LV MA MD MG MK MN MW MX MZ NO NZ OM PH PL PT RO RU SC SD SE SG  
SK SL TJ TM TN TR TT TZ UA UG US UZ VC VN YU ZA ZM ZW  
(EP) AT BE BG CH CY CZ DE DK EE ES FI FR GB GR IE IT LU MC NL PT SE SI SK  
TR  
(OA) BF BJ CF CG CI CM GA GN GQ GW ML MR NE SN TD TG  
(AP) GH GM KE LS MW MZ SD SL SZ TZ UG ZM ZW  
(EA) AM AZ BY KG KZ MD RU TJ TM

Publication Language: English

Filing Language: English

Fulltext Word Count: 7454

Fulltext Availability:

Detailed Description

Detailed Description

... database 50. If desired, billing module 44 may also format the invoice  
based on the **preference** of the recipient of the invoices stored in user  
**database** 50. For example, some recipients may prefer to ...52. The  
stored document may be any transcribed document, such as a radiology  
report, a **patient** history, a lab report, a physician **referral** form, a  
**surgery** note, and/or the like.

In the **preferred** embodiment, the transcribed documents are downloaded  
from a remote location, such as **database** 18 (FIGURE 1) associated with

**^ 9/3,K/2 (Item 1 from file: 350)**

DIALOG(R)File 350:Derwent WPIX

(c) 2009 Thomson Reuters. All rts. reserv.

0012941114 - Drawing available  
WPI ACC NO: 2003-017785/200301  
XRPX Acc No: N2003-013668

Patient referrals **distribution method involves providing** list of certified practitioners **in predefined** preferential **order, to patients who wish to require** medical procedures

Patent Assignee: ALIGN TECHNOLOGY INC (ALIG-N)

Inventor: BREELAND J; CHISHTI M; VARGHA K

**Patent Family** (1 patents, 1 countries)

Patent Application

Number	Kind	Date	Number	Kind	Date	Update
US 20020133386	A1	20020919	US 2001756885	A	20010109	200301 B

Priority Applications (no., kind, date): US 2001756885 A 20010109

#### **Patent Details**

Number	Kind	Lan	Pg	Dwg	Filing Notes
US 20020133386	A1	EN	12	3	

Patient referrals **distribution method involves providing** list of certified practitioners **in predefined** preferential **order, to patients who wish to require** medical procedures

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##### **Argentina**

Assignee name & address:

##### **Original Abstracts:**

**Practitioners** are certified to perform a medical procedure, such as an orthodontic **procedure**. Certified practitioners are maintained in a referral directory and classified within tiers based on criteria such as the number of procedures that they have performed. Inquiries are solicited from prospective **patients**, and **referral lists are provided to those patients** who request them. **The referral lists are obtained from the referral directory** with doctors from **higher** tiers who have performed more procedures receiving **preferential** inclusion on the **referral lists**.

##### **Claims:**

What is claimed is: **<b>1</b>**. A method for **referring patients** to practitioners said method comprising: certifying a **group of** practitioners to perform a **medical procedure**; identifying individual patients who wish to receive the **procedure**; and **providing** to the identified individual patients a list of certified practitioners, wherein

those practitioners who have performed more procedures than others of **the practitioners** are **placed preferentially on the list.**

#### **IV. Text Search Results from Dialog**

##### **A. NPL Files, Abstract**

~~ Non-Patent Literature: Non-Full Text

Dialog files: 2,35,65,99,256,474,475,583,5,73,155,34,434

- File 2:INSPEC 1898-2009/Mar W5  
(c) 2009 Institution of Electrical Engineers
- File 35:Dissertation Abs Online 1861-2009/Mar  
(c) 2009 ProQuest Info&Learning
- File 65:Inside Conferences 1993-2009/Apr 06  
(c) 2009 BLDSC all rts. reserv.
- File 99:Wilson Appl. Sci & Tech Abs 1983-2009/Feb  
(c) 2009 The HW Wilson Co.
- File 256:TecInfoSource 82-2009/Dec  
(c) 2009 Info.Sources Inc
- File 474:New York Times Abs 1969-2009/Apr 06  
(c) 2009 The New York Times
- File 475:Wall Street Journal Abs 1973-2009/Apr 07  
(c) 2009 The New York Times
- File 583:Gale Group Globalbase(TM) 1986-2002/Dec 13  
(c) 2002 Gale/Cengage
- File 5:Biosis Previews(R) 1926-2009/Mar W5  
(c) 2009 The Thomson Corporation
- File 73:EMBASE 1974-2009/Apr 03  
(c) 2009 Elsevier B.V.
- File 155:MEDLINE(R) 1950-2009/Apr 03  
(c) format only 2009 Dialog
- File 34:SciSearch(R) Cited Ref Sci 1990-2009/Mar W5  
(c) 2009 The Thomson Corp
- File 434:SciSearch(R) Cited Ref Sci 1974-1989/Dec  
(c) 2006 The Thomson Corp

Set Items Description

- S1 13652 (PRACTITIONER? ? OR DOCTOR? ? OR PHYSICIAN? ? OR SPECIALIS-  
T? ? OR DENTIST? ? OR SURGEON? ?)(6N)(CERTIFY???) OR CERTIFIE?  
? OR CERTIFICATE? ? OR CREDENTIAL?? OR AUTHORITY?ATION OR AUTHO-  
RI??? OR LICENSE? ? OR LICENSING OR QUALIFIE? ? OR QUALIFY???)
- S2 2583 (MEDICAL OR MEDICINE OR HEALTH OR HEALTHCARE OR SURGICAL)(-  
4N)(PROCEDURE OR PROCEDURES OR TREATMENT OR TREATMENTS OR  
OPE-  
RATION OR OPERATIONS) OR SURGERY OR SURGERIES
- S3 6729 PATIENT OR PATIENTS OR INPATIENT OR INPATIENTS OR OUTPATIE-

NT OR OUTPATIENTS OR PARTICIPANT OR PARTICIPANTS OR SUBSCRIBER  
OR SUBSCRIBERS  
S4 2016 REFER? ? OR REFERR??? OR INDORS??? OR ENDORSEMENT? ? OR RE-  
COMMEND??? OR RECOMMENDATION? ?  
S5 2042 PREFERENCE OR PREFERENTIAL?? OR PREFERR??? OR PRIORIT??? OR  
PRIORITY?ING OR PRIORITY?ATION? ? OR PREEMPT??? OR FAVOR??? -  
OR FAVOUR??? OR CHOSEN  
S6 762 DATABASE OR DATABASES OR LIST OR LISTS OR DIRECTORY OR DIR-  
ECTORIES  
S7 463 S3(4N)S4  
S8 33 S1 AND S2 AND S5 AND S7  
S9 14 S8 NOT PY>2001  
S10 10 RD (unique items)

**10/3,K/1 (Item 1 from file: 73)**

DIALOG(R)File 73:EMBASE  
(c) 2009 Elsevier B.V. All rts. reserv.

0077182593 EMBASE No: 1998091278

**Patterns of excision and referral from primary care of melanocytic  
lesions**

Del Mar C.B.; Green A.C.; Battistutta D.  
Centre for General Practice, University of Queensland, Medical School,  
Herston 4006, QLD, Australia; Queensland Institute of Medical Research,  
Herston 4006, QLD, Australia

AUTHOR EMAIL: c.delmar@mailbox.uq.oz.au  
CORRESP. AUTHOR/AFFIL: Del Mar C.B.: Centre for General Practice, Univ.  
of Queensland Medical School, Herston, QLD 4006, Australia

CORRESP. AUTHOR EMAIL: c.delmar@mailbox.uq.oz.au

Melanoma Research ( Melanoma Res. ) (United Kingdom) December 1, 1997,  
7/6 (496-499)

CODEN: MREEE ISSN: 0960-8931

DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

NUMBER OF REFERENCES: 9

...The overall mean margin of excision was 2.8 mm. It was greater for  
longer **qualified doctors**, **surgeons** and college-affiliated general  
**practitioners**, for lesions excised to address malignancy (3.0 mm) rather  
than cosmetic appearance (2.4...

**MEDICAL DESCRIPTORS:**

\*melanoma--diagnosis--di; \*melanoma-- **surgery** --su  
adolescent; adult; article; cancer diagnosis; cancer **surgery** ; dysplastic  
nevus-- **surgery** --su; female; human; lentigo-- **surgery** --su; major clinical

study; male; malignant lentigo-- **surgery** --su; nevus-- **surgery** --su;  
**patient referral ; priority** journal; tumor biopsy

ORIG. DESCRIPTORS:

SECTION HEADINGS:

Dermatology and Venereology

Cancer

Public Health, Social Medicine and Epidemiology

**Surgery**

**10/3,K/2 (Item 2 from file: 73)**

DIALOG(R)File 73:EMBASE

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0076875464 EMBASE No: 1997168539

**Use of the 'see and treat' technique for the management of high-risk  
abnormal Pap smears in a Third World country**

Ghosh K.; Segura A.; Crispen C.; Montz F.J.

Gynecologic Oncology Service, Dept. of Obstetrics and Gynecology, UCLA  
Center for Health Sciences, Los Angeles, CA, United States

CORRESP. AUTHOR/AFFIL: Montz F.J.: 10833 LeConte Ave, Los Angeles, CA  
90095, United States

International Journal of Gynecological Cancer ( INT. J. GYNECOL. CANCER )  
(United States) June 25, 1997, 7/2 (144-150)

CODEN: IJGCE ISSN: 1048-891X

DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

NUMBER OF REFERENCES: 22

...and 4% of patients developed minor complications. Remarkably, 68% of patients failed to return for **recommended** follow-up after only the third clinic visit. When the criteria we put forward are...

**10/3,K/3 (Item 3 from file: 73)**

DIALOG(R)File 73:EMBASE

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0076840854 EMBASE No: 1997133880

**Case selection and restrictions recommended to patients with  
hyperthyroidism in South America**

Romaldini J.H.

Department of Endocrinology, Pon. Univ. Catolica Campinas, Hosp. Servidor  
Publico E.-IAMSPE, Sao Paulo, Brazil; Serv. Endocrinology, HSPE-IAMSPE,  
C.P. 8570, 01000 Sao Paulo, SP, Brazil

CORRESP. AUTHOR/AFFIL: Romaldini J.H.: Serv. Endocrinology, HSPE-IAMSPE, Sao Paulo, SP 01000, Brazil

Thyroid ( THYROID ) (United States) May 22, 1997, 7/2 (225-228)

CODEN: THYRE ISSN: 1050-7256

DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

NUMBER OF REFERENCES: 12

**Case selection and restrictions recommended to patients with hyperthyroidism in South America**

...America related to the use of radioiodine therapy indicate that radioiodine is prescribed only by **physicians** with special training and a **license**. A thyroid dose of SUP 131I>29 mCi requires hospitalization of the patient. Members of...

...was carried out by 60% of respondents and SUP 131I was the isotope most used ( **chosen** by 95% of respondents). Serum total T SUB 4 and T SUB 3 were requested...

...respectively). The therapy of choice for 83% of responding members was antithyroid drugs. Radioiodine was **chosen** by 15.3% of respondents. For most respondents, the aim of SUP 131I therapy was...

...dose. For the radioiodine therapy, 55.5% of the respondents did not add any other **medical treatment**. The remaining group used antithyroid drugs before SUP 131I (50%), and 77% employed it after...

MEDICAL DESCRIPTORS:

article; human; medical decision making; normal human; **priority** journal; radiation dose; radiation hazard; south america; treatment planning

ORIG. DESCRIPTORS:

**10/3,K/4 (Item 4 from file: 73)**

DIALOG(R)File 73:EMBASE

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0075954163 EMBASE No: 1994375781

**Obesity in preschool and school-age children: Treatment early and often may be best**

Davis K.; Christoffel K.K.

Childrens Hospital, Los Angeles, CA, United States

CORRESP. AUTHOR/AFFIL: Davis K.: Childrens Hospital, Los Angeles, CA, United States

Archives of Pediatrics and Adolescent Medicine ( ARCH. PEDIATR. ADOLESC. MED. ) (United States) December 1, 1994, 148/12 (1257-1261)  
CODEN: APAME ISSN: 1072-4710  
DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract  
LANGUAGE: English SUMMARY LANGUAGE: English

...of subgroups defined by age and frequency of visits. Setting: A nutrition evaluation clinic, an **outpatient referred** care clinic at a metropolitan hospital. Participants: All 93 obese children, aged 1 to 10...

...199%; range, 127% to 251%). Interventions: (1) Initial visit. Comprehensive history and physical examination, by **physician**, registered dietitian, and **licensed** clinical social worker; design of individualized care plan, including prescribed frequency and size of meals...

...for prevention and intervention in early obesity during the preschool years, and this is the **preferred** approach.

MEDICAL DESCRIPTORS:

...expenditure; female; food intake; human; human cell; human tissue; major clinical study; male; preschool child; **priority** journal; school child; social psychology

ORIG. DESCRIPTORS:

SECTION HEADINGS:

Pediatrics and Pediatric **Surgery**

**10/3,K/5 (Item 5 from file: 73)**

DIALOG(R)File 73:EMBASE

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0075851432 EMBASE No: 1994275518

**Factors responsible for immunizations referrals to health departments in North Carolina**

Bordley W.C.; Freed G.L.; Garrett J.M.; Byrd C.A.; Meriwether R. C.G. Sheps Ctr. for Hlth. Svcs. Res., University of North Carolina, CB 7590, 725 Airport Road, Chapel Hill, NC 27599-7590, United States

CORRESP. AUTHOR/AFFIL: Bordley W.C.: C.G. Sheps Ctr. for Hlth. Svcs. Res., University of North Carolina, CB 7590, 725 Airport Road, Chapel Hill, NC 27599-7590, United States

Pediatrics ( PEDIATRICS ) (United States) September 15, 1994, 94/3 (376-380)

CODEN: PEDIA ISSN: 0031-4005

DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

...and participate in the state-funded vaccine replacement program.

Methods. The 2537 pediatricians and family **physicians licensed** in North Carolina were surveyed by mail using a 23-item, self-administered questionnaire. Results...

MEDICAL DESCRIPTORS:

\*health program; \*immunization; \* **patient referral**

article; doctor patient relation; human; medicaid; medical decision making; medical practice; **priority** journal; private practice; reimbursement

ORIG. DESCRIPTORS:

SECTION HEADINGS:

Health Policy, Economics and Management

Pediatrics and Pediatric **Surgery**

**10/3,K/6 (Item 6 from file: 73)**

DIALOG(R)File 73:EMBASE

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0075456781 EMBASE No: 1993236337

**The influence of law on medicine and vice versa in Switzerland, as exemplified by ophthalmology**

VON GEGENSEITIGEN EINFLUSS DER JURISPRUDENZ UND DER MEDIZIN IN DER SCHWEIZ, ERLAUTERT AM BEISPIEL DER OPHTHALMOLOGIE

Gloor B.

Augenklinik, Universitatsspital, Ramistrasse 100, CH-8091 Zurich,  
Switzerland

CORRESP. AUTHOR/AFFIL: Gloor B.: Augenklinik, Universitatsspital,  
Ramistrasse 100, CH-8091 Zurich, Switzerland

Klinische Monatsblatter fur Augenheilkunde ( KLIN. MONATSBL. AUGENHEILKD.

) (Germany) August 27, 1993, 202/5 (389-396)

CODEN: KMAUA ISSN: 0023-2165

DOCUMENT TYPE: Journal; Conference Paper RECORD TYPE: Abstract

LANGUAGE: German SUMMARY LANGUAGE: German; English

...example of how to come to a correct conclusion without specific medical expertise, namely, that **surgery** of cataract is a measure for reintegration of the patient (in the sense of the...

...specialities, such as ophthalmology. However the patient has a right to know, whether his specialised **doctor**, eg. the ophthalmologist, is for example **qualified** to do **surgery**. Until now it seemed possible, that the Swiss Federation of Medical Doctors (FMH) together with...

...new education system, honor the fact, that the patient has a right to have a **qualified** ophthalmic **surgeon**, then not only the medical examinations, but also the examination of specialists will likely be regulated by law. Because there are big differences regarding the **recommendation for surgery**, the **patient** should also have the right to get a second opinion, at least if an elective **surgical procedure** is proposed.

MEDICAL DESCRIPTORS:

conference paper; human; **priority** journal; switzerland

ORIG. DESCRIPTORS:

**10/3,K/7 (Item 7 from file: 73)**

DIALOG(R)File 73:EMBASE

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0075444238 EMBASE No: 1993223794

**Factors that influence general practitioners' choice of hospital when referring patients for elective surgery**

Mahon A.; Whitehouse C.; Wilkin D.; Nocon A.

Centre for Primary Care Research, Department of General Practice,  
University of Manchester, Walmer Street, Manchester M14 5NP, United  
Kingdom

CORRESP. AUTHOR/AFFIL: Mahon A.: Centre for Primary Care Research,  
Department of General Practice, University of Manchester, Walmer Street,  
Manchester M14 5NP, United Kingdom

British Journal of General Practice ( BR. J. GEN. PRACT. ) (United  
Kingdom) August 17, 1993, 43/372 (272-276)

CODEN: BJGPE ISSN: 0960-1643

DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

**Factors that influence general practitioners' choice of hospital when referring patients for elective surgery**

To describe the factors that influence general practitioners' choice of hospital when **referring patients** for elective **surgery** in three specialties, a postal questionnaire was distributed in January 1991 to 449 doctors who had **referred patients** to one of six hospitals in the North Western Regional Health Authority. Responses were received from 260 general **practitioners** (58%). Of the respondents 95% selected 'local and convenient' as a factor that commonly influenced...

...specialty and 65% mentioned this across all three specialties. Seventy

four per cent mentioned patient **preference** as influencing choice for at least one specialty and 57% across all three specialties. Only...

...doctors mentioned waiting times for appointment across the three specialties and 26% waiting times for **surgery** across the three specialties. When asked to select the single most important factor 'local and...

...general standard of clinical care by 28% and waiting time for appointment by 23%. Patient **preference** was only selected by 6% of doctors as the most important factor. It is of...

MEDICAL DESCRIPTORS:

\*elective **surgery** ; \*general practitioner; \*hospital; \* **patient referral**  
ORIG. DESCRIPTORS:

**10/3,K/8 (Item 8 from file: 73)**

DIALOG(R)File 73:EMBASE

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0074429643 EMBASE No: 1990329209

**Patient, provider and hospital characteristics associated with inappropriate hospitalization**

Siu A.L.; Manning W.G.; Benjamin B.

RAND Corporation, 1700 Main Street, Santa Monica, CA 90406-2138, United States

CORRESP. AUTHOR/AFFIL: Siu A.L.: RAND Corporation, 1700 Main Street, Santa Monica, CA 90406-2138, United States

American Journal of Public Health ( AM. J. PUBLIC HEALTH ) (United States ) November 12, 1990, 80/10 (1253-1256)

CODEN: AJPEA ISSN: 0090-0036

DOCUMENT TYPE: Journal; Article RECORD TYPE: Abstract

LANGUAGE: English SUMMARY LANGUAGE: English

...trial of health insurance conducted in six sites in the United States. Appropriateness of inpatient **treatment** was based on **medical** record review; patient characteristics on sociodemographic, economic, and health status; and provider characteristics on descriptors of physician practice and hospital facilities. Twenty-seven percent of admissions attended by **physicians licensed** for more than 15 years were judged inappropriate, compared to 20 percent for younger physicians...

MEDICAL DESCRIPTORS:

\*accuracy; \*error; \*health insurance; \*hospitalization; \* **patient**

**referral**

article; economic aspect; human; organization and management; **priority**  
journal

ORIG. DESCRIPTORS:

**10/3,K/9 (Item 9 from file: 73)**

DIALOG(R)File 73:EMBASE

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0073529566 EMBASE No: 1987057959

**Smoking cessation: A practical guide for the physician**

Fisher Jr. E.B.; Rost K.

Department of Psychology, Washington University, St. Louis, MO 63130,  
United States:

CORRESP. AUTHOR/AFFIL: Department of Psychology, Washington University,  
St. Louis, MO 63130, United States

Clinics in Chest Medicine ( CLIN. CHEST MED. ) (United States) December  
1, 1986, 7/4 (551-565)

CODEN: CCHMD ISSN: 0272-5231

DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract

LANGUAGE: English

...educational, and public health efforts to encourage nonsmoking. These broader efforts, much aided by the **authority** and concern of individual **physicians** and organized medicine will continue, also, to provide a supportive background for individual clinical efforts...

...quit or, at least, giving greater thought to doing so. Additionally, the physician can help **patients** eager to quit by **referral** to well developed programs and materials such as have been described. In all, then, numerous

...

MEDICAL DESCRIPTORS:

education; education program; human; intoxication; normal human; physician; prevention; **priority** journal; respiratory system; short survey; therapy

ORIG. DESCRIPTORS:

SECTION HEADINGS:

Chest Diseases, Thoracic **Surgery** and Tuberculosis

Public Health, Social Medicine and Epidemiology

Drug Dependence, Alcohol Abuse and Alcoholism

**10/3,K/10 (Item 10 from file: 73)**

DIALOG(R)File 73:EMBASE

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0072976746 EMBASE No: 1985032164

**Cardiologic perspectives of chest pain in childhood: A referral problem?**

**To whom?**

Brenner J.I.; Ringel R.E.; Berman M.A.

Division of Pediatric Cardiology, Department of Pediatrics, University of Maryland School of Medicine, Baltimore, MD 21201, United States:

CORRESP. AUTHOR/AFFIL: Division of Pediatric Cardiology, Department of Pediatrics, University of Maryland School of Medicine, Baltimore, MD 21201, United States

Pediatric Clinics of North America ( PEDIATR. CLIN. NORTH AM. ) (United States) December 1, 1984, 31/6 (1241-1258)

CODEN: PCNAA ISSN: 0031-3955

DOCUMENT TYPE: Journal; Review RECORD TYPE: Abstract

LANGUAGE: English

...discriminating between the presence or absence of disease than a careful physical examination by a **qualified** examiner. However, for the less confident **physician**, equating negative test results with the absence of heart disease, or conversely, equating positive test...

**MEDICAL DESCRIPTORS:**

...adolescent; cardiovascular system; child; childhood; congenital disorder ; congenital heart malformation; coronary artery; diagnosis; heart; human; **patient referral** ; peripheral vascular system; **priority** journal; respiratory system

**ORIG. DESCRIPTORS:**

**SECTION HEADINGS:**

Cardiovascular Diseases and Cardiovascular **Surgery**

Psychiatry

Pediatrics and Pediatric **Surgery**

**B. NPL Files, Full-text**

~~ Non-Patent Literature: Full Text

Dialog files: 9,15,16,20,148,160,275,610,613,621,624,634,636,810,813,149,444

File 9:Business & Industry(R) Jul/1994-2009/Apr 04

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File 15:ABI/Inform(R) 1971-2009/Apr 04

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(c) 2009 Dialog  
File 148:Gale Group Trade & Industry DB 1976-2009/Mar 23  
(c) 2009 Gale/Cengage  
File 160:Gale Group PROMT(R) 1972-1989  
(c) 1999 The Gale Group  
File 275:Gale Group Computer DB(TM) 1983-2009/Mar 12  
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File 624:McGraw-Hill Publications 1985-2009/Apr 06  
(c) 2009 McGraw-Hill Co. Inc  
File 634:San Jose Mercury Jun 1985-2009/Apr 03  
(c) 2009 San Jose Mercury News  
File 636:Gale Group Newsletter DB(TM) 1987-2009/Mar 16  
(c) 2009 Gale/Cengage  
File 810:Business Wire 1986-1999/Feb 28  
(c) 1999 Business Wire  
File 813:PR Newswire 1987-1999/Apr 30  
(c) 1999 PR Newswire Association Inc  
File 149:TGG Health&Wellness DB(SM) 1976-2009/Mar W1  
(c) 2009 Gale/Cengage  
File 444:New England Journal of Med. 1985-2009/Dec W2  
(c) 2009 Mass. Med. Soc.

Set	Items	Description
S1	163343	(PRACTITIONER? ? OR DOCTOR? ? OR PHYSICIAN? ? OR SPECIALIST? ? OR DENTIST? ? OR SURGEON? ?)(6N)(CERTIFY??? OR CERTIFI? ? OR CERTIFICATE? ? OR CREDENTIAL?? OR AUTHORITY?ATION OR AUTHORITY??? OR LICENSE? ? OR LICENSING OR QUALIFIE? ? OR QUALIFY???)
S2	36042	(MEDICAL OR MEDICINE OR HEALTH OR HEALTHCARE OR SURGICAL)(-4N)(PROCEDURE OR PROCEDURES OR TREATMENT OR TREATMENTS OR
OPE-		RATION OR OPERATIONS) OR SURGERY OR SURGERIES
S3	80232	PATIENT OR PATIENTS OR INPATIENT OR INPATIENTS OR OUTPATIENT OR OUTPATIENTS OR PARTICIPANT OR PARTICIPANTS OR SUBSCRIBER OR SUBSCRIBERS
S4	41367	REFER? ? OR REFERR??? OR INDORS??? OR ENDORSEMENT? ? OR RECOMMEND??? OR RECOMMENDATION? ?

S5 29168 PREFERENCE OR PREFERENTIAL?? OR PREFERR??? OR PRIORIT???  
OR  
PRIORITY?ING OR PRIORITY?ATION? ? OR PREEMPT??? OR FAVOR??? -  
OR FAVOUR??? OR CHOSEN  
S6 30134 DATABASE OR DATABASES OR LIST OR LISTS OR DIRECTORY OR DIR-  
ECTORIES  
S7 7064 S3(6N)S4  
S8 852 S5(10N)S6  
S9 50 S1(F)S2(F)S7(F)S8  
S10 31 S9 NOT PY>2001  
S11 28 RD (unique items)

**11/3,K/1 (Item 1 from file: 15)**

DIALOG(R)File 15:ABI/Inform(R)  
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02559993 268078801

**An empirical investigation of customer satisfaction with health care services**

Amyx, Douglas; Bristow, Dennis N  
Marketing Intelligence & Planning v19n6/7 PP: 515-525 2001  
ISSN: 0263-4503 JRNL CODE: MIP  
WORD COUNT: 7744

...TEXT: satisfaction. For example, Glassman and Glassman (1981) found that women used personal experience and peer **recommendations** to select a physician, and **patient** satisfaction was determined primarily by physiciancontrolled factors such as providing sufficient relevant information about what...

...choose a doctor if noticeable differences existed among the physicians (i.e. at least one **doctor** appeared better **qualified** than the others). Conversely, a patient would likely not care as much about having the freedom to choose a **doctor** if the available **physicians** seemed equally **qualified**. In addition, the degree ...the following components of the scenario: description of patient symptoms, qualifications and characteristics of doctors, **health care procedures** used, the physician's final recommendations, and the expected and actual illness durations for the...good" so higher means indicated more positive feelings. Mean ratings of subjects' feelings about the **health care procedures** used to treat the illness were significantly different ( $F = 4.55$ ;  $p < 0.0015$ ), suggesting...physician may profoundly influence patient satisfaction. As shown in the scenario (see the Appendix) the **medical procedures** used by both doctors (Brown and Thomas) were identical and the outcomes were also the...the clinic's doctors posted on the wall. The receptionist says that all of these **doctors** are fully **qualified** to

treat you. She asks you to examine the list of doctors and choose the...the clinic's doctors posted on the wall. The receptionist says that all of these **doctors** are fully **qualified** to treat you. While you are waiting to be assigned a doctor, you examine the **list** of doctors.

No choice - **preferred** physician received After about 15 minutes of waiting, you are taken into the examination room...

**11/3,K/2 (Item 2 from file: 15)**

DIALOG(R)File 15:ABI/Inform(R)

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01846114 04-97105

**Health services industry: Still a job machine?**

Engel, Cynthia

Monthly Labor Review v122n3 PP: 3-14 Mar 1999

ISSN: 0098-1818 JRNL CODE: MLR

WORD COUNT: 5537

...TEXT: offer participants a higher rate of reimbursement for choosing physicians that are among a designated **list** of participating physicians. In other respects, **preferred** provider plans are similar to fee-for-service plans. Services are reimbursed following treatment, treatment...

...represents the majority of their income for the year. Although the prepaid fee covers most **medical procedures**, additional revenue is earned only from copayments, which tend to be very small. HMOs require... generalists who typically are general practitioners, physician assistants, and nurse practitioners. Most often, generalists treat **patients** themselves or, in some cases, **refer patients** to specialists. As a result, growth in managed care has altered the demand for physicians... ...care environment has helped to reduce costs.<sup>38</sup> Physician assistants practice under the supervision of **physicians** and are **authorized** to practice in 49 of the 50 States; 44 States allow them to write prescriptions...

...study by the Congressional Office of Technology Assessment, the quality of care provided by a **physician** assistant for **authorized** procedures is equal to that provided by physicians for the same care.<sup>40</sup>

Demand for...In 1997, the Health Care Financing Administration expanded the initiative. See "Secretary Shalala launches new **Operation Restore Trust**" press release ( **Health** Care Financing Administration, May 20, 1997).

Footnote:

5 "Medicare Home Health Moratorium is Lifted," press...Apr. 2, 1997.  
Mississippi does not have laws recognizing physician assistance practice.

Footnote:

I "Nurse Practitioners , Physician Assistants, and Certified Nurse Midwives," A Policy Analysis, Case Study 37, OTA...

**11/3,K/3 (Item 3 from file: 15)**

DIALOG(R)File 15:ABI/Inform(R)  
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01284170 99-33566

**Bill 59 and the role of rehabilitation**

Shannon, Carolan; Vera, Jessica  
Canadian Underwriter v63n8 PP: 36-38 Aug 1996  
ISSN: 0008-5251 JRNL CODE: CAU  
WORD COUNT: 1115

...TEXT: must be accredited and governed by guidelines to assure across-theboard standardization and elimination of " **preferred** provider **lists** " currently used by all parties to a claim. As a cost containment feature, consulting firms...

...to the domain of the physician, who outlines the physical capabilities and limitations of his **patients** . While DAC **referrals** ensure that a disability exists, the question remains - to what extent and what can be...

...policy; (b) rehabilitation counsellor - development of a treatment plan; (c) client - involvement in planning and **treatment** ; (d) doctor -- **medical treatment** and monitoring.

12. A clearing house also functions as a watchdog to (a) co-ordinate previous medical history that might present barriers to recovery; (b) monitor prolonging of **treatment** by both **health** -care professionals and claimants; and (c) act as liaison for all parties to the claim...

...rehabilitation counsellor (a) Interprets an impairment; is trained to read medical documentation; liaises with medical **practitioners** and health-care professionals;

(b) Is **qualified** to discuss medical diagnosis with **physicians** and practitioners as to the implementation of treatment programs as outlined in

the insurance policy...

**11/3,K/4 (Item 4 from file: 15)**

DIALOG(R)File 15:ABI/Inform(R)

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01062645 97-12039

**Grants and outcomes**

Anonymous

Health Affairs v14n1 PP: 290-299 Spring 1995

ISSN: 0278-2715 JRNL CODE: HAF

WORD COUNT: 5891

...TEXT: this project to ensure that California children who are eligible for Medicaid "receive the preventive **health** care and follow-up **treatment** to which they are entitled" under the federal EPSDT program and its state counterpart, said...level of care is provided in each department, whether facilities are adequate, and whether "appropriately **qualified** and **credentialed** emergency **physicians**" are available at all times. To request a copy of the monograph related to the...a Department which has, with few exceptions, found itself near the bottom of his predecessors' **priority lists**" and to provide a "blueprint," Karen Wolk Feinstein, foundation president, wrote in the paper's...

...Medicine Dean Jimione Samisoni, for example, described its innovative six-year medical officer training program. **Participants** developed a set of **recommendations** with strategies for education reform. These included creating "a partnership among managed care organizations, public...

**11/3,K/5 (Item 5 from file: 15)**

DIALOG(R)File 15:ABI/Inform(R)

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00987290 96-36683

**Techniques for managing quality**

Pisek, Paul E

Hospital & Health Services Administration v40n1 PP: 50-79 Spring 1995

ISSN: 8750-3735 JRNL CODE: HHS

WORD COUNT: 10465

...TEXT: team might now want to know, What percentage of missing medical records are associated with **patients** who are **referred** for an appointment to a specialist later in the same day that they saw their...of interest, silent brainstorming of ideas, boarding those ideas, discussing

as a group, multivoting to **prioritize** the **list**, and discussing again to confirm a final decision. Similarly, many other popular group consensus techniques...who followed him led to sets of measures for structure (e.g., number of board- **certified physicians** ), process (e.g., frequency of use of urinary catheters more than 48 hours following **surgery** ), and outcome (e.g., mortality rate). Today, measurements such as these, along with QA committees...

**11/3,K/6 (Item 6 from file: 15)**

DIALOG(R)File 15:ABI/Inform(R)

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00951441 96-00834

**Merger mania: An analysis**

Danzon, Patricia M

Health Systems Review v27n6 PP: 18-28 Nov/Dec 1994

ISSN: 0891-0200 JRNL CODE: FAH

WORD COUNT: 6305

...TEXT: based prospective payment system dramatically reduced length of stay and created incentives to shift minor **surgery** and other services to ambulatory facilities.

The shift to outpatient care has been facilitated by...

...invasive techniques that can be done in an ambulatory facility, rendering obsolete facilities for invasive **surgical procedures** and the associated hospital beds. Between 1983 and 1991, hospital admissions of the over-65...

...costs can be reduced. Quality also is enhanced since facilities that perform higher volumes of **surgical procedures** generally have better outcomes. Such rationalizations must proceed with care, however, because joint allocation of...context seems misplaced, given the incentives of capitated physicians to constrain rather than overrefer to **inpatient** settings. Illogically, these constraints on **referrals** apply only to contractual relationships, whereas if the hospital-physician group formed a fully integrated...

...certain types of physician-hospital organizations in some states. These laws prohibit the employment of **physicians** by one other than a **licensed physician**. By one interpretation, these laws were enacted originally under pressure from the medical profession to...

...majority of these alliances. Through alliances with physicians,

hospitals seek to establish a base of **referrals** for specialists' services and **inpatient** care. Essentially, it is an attempt to preserve or increase market share in a declining...or individual physician lacks statistical credibility and requires adjustment for the initial health status of **patients** and for **referrals** of difficult cases to other physicians. These problems of small samples and hence low "signal...outpatient drug component of their health plan using a range of strategies. Formularies, which are **lists of preferred** drugs that are approved for reimbursement, create the leverage necessary to negotiate a discounted price...  
...circumstances where drug therapy can be used to reduce hospital stays, eliminate the need for **surgery** and generally increase patient well-being. Drug companies can then use the results of these...

...monitor quality and respond effectively to quality differences in the marketplace. Third, the favorable tax **treatment** of **health** benefits further exacerbates the lack of cost-consciousness of consumers. These factors help explain the...

**11/3,K/7 (Item 7 from file: 15)**

DIALOG(R)File 15:ABI/Inform(R)  
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00848306 94-97698

**Healthcare reform: Innovations at the state level**

Anonymous

Nursing Management v25n4 PP: 30-42 Apr 1994

ISSN: 0744-6314 JRNL CODE: NSM

WORD COUNT: 6975

...TEXT: residents with incomes below 100 percent of the federal poverty level by implementing a new **priorit**-based Medicaid program. A prioritized **list** ranks 688 **medical procedures** according to cost and benefits. Oregon's Medicaid program pays for services ranked 1 through... physician care, preventive medical services, therapeutic drugs, maternity and well-child care, and limited mental **health**/chemical dependency **treatment**.

To control growth in spending, maximum premiums will be established for the minimum package. Increases...system.

\*NEW JERSEY: At the end of 1992, New Jersey enacted legislation that would make **health** insurance coverage and **medical treatment** affordable and available to virtually every state resident. Health insurers are required to offer coverage...providers and insurers to act together. Doctors may form groups to negotiate rates with the **authority**, and **doctors** and

hospitals are being encouraged to work together to form networks to coordinate care.

ARIZONA...

...established for nurses to provide preventive and primary care and receive reimbursement while working with **licensed physicians**.

\*MAINE: Maine has enacted legislation to restrict self-referrals by healthcare practitioners. The law, which applies to all healthcare providers in the state, prohibits the **referral of patients** to entities in which they are investors, unless they directly provide the service. The law...

...need.

\*GEORGIA: Physicians and other healthcare providers, except those in rural areas, are prohibited from **referring patients** to facilities in which they have a financial interest.

HMOS AND PPOS

A growing number...

**11/3,K/8 (Item 8 from file: 15)**

DIALOG(R)File 15:ABI/Inform(R)

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00802761 94-52153

**General practitioners' views about health care quality**

Leese, Brenda; Kind, Paul; Cameron, Ian; Carpenter, Jennie

Journal of Management in Medicine v7n4 PP: 42-51 1993

ISSN: 0268-9235 JRNL CODE: MIM

WORD COUNT: 3560

...TEXT: list of quality criteria was used. The study covers a district health authority where most **patients** are **referred** to a single large hospital.

The aims of the study were to:

(1) test the...

...and comments could be added by general practitioners.

General practitioners were asked to choose in **priority** order, the five

criteria from the **list** of 12, which they considered the most important in judging the quality of both hospitals...

...size and no other evidence that the non-responders were a selected group.

## HOSPITAL SERVICES **CHOSEN** AS MOST IN NEED OF IMPROVEMENT

Table III **lists** the specialties/services **chosen** by at least 15 per cent of GPs, which were felt to ...per cent of these concerning the long waiting times for out-patients and for elective **surgery**, particularly arthroscopy and hip replacements. Just over one-third commented adversely on the communications both...

...general practitioners wanted help in the management of orthopaedic problems, as well as consideration for **surgery**.

Ophthalmology was similarly rated poorly on waiting time for out-patient appointments, and for in...

...31 general practitioners were concerned with long waiting times for out-patient visits and elective **surgery**. Just over one-third commented on communications, including feedback after out-patient visits. A similar... for improvements, namely orthopaedics and ophthalmology. For both, waiting times for first appointments and elective **surgery** were clearly the most problematic, with concerns by some general practitioners about communications and discharge...

...and medical care is generally well regarded. Both are specialties with relatively recently developed elective **surgical procedures** for common conditions which can have great direct benefit to the quality of patients' lives...change. It should be carefully planned with all parties.

It is important for the purchasing **authority** to elicit the views of general **practitioners** about the quality of the local health care services on a regular basis. The approach...

...Jacobson, B., Southgate, L. and Formby, J., "General Practitioners' Views on Quality Specifications for Out- patient **Referrals** and Care Contracts", British Medical Journal, Vol. 303, 1991, pp. 292-4.

9. Johns, R...

**11/3,K/9 (Item 9 from file: 15)**  
DIALOG(R)File 15:ABI/Inform(R)  
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00723887 93-73108

### **Occupational Health: Offering a Spectrum of Services**

Reynolds, Thomas S.; Johnson, Kathleen A.

Hospital Materiel Management Quarterly v13n3 PP: 43-53 Feb 1992

ISSN: 0192-2262 JRNL CODE: HMM

WORD COUNT: 3177

#### **...TEXT: EMPLOYERS WANT**

Assessing the needs and expectations of the customer is essential to the successful **operation** of any business. Occupational **health** services is no exception. It is essential that an occupational health program have an understanding...

...what the competition is doing and then determine how to differentiate yourself based on the **priorities** of your clients. Build a **database** of information on your competitors including:

\* services offered,

\* hours open,

\* hospital affiliation,

\* top clients,

\* fee...

...psychiatric services. "Preventive" services in the spectrum include occupational medicine services, health assessment screenings, and **health** education services.

#### **THE TREATMENT OF THE INJURED WORKER**

Employers in all 50 states and the District of Columbia are required by law to cover the costs of **medical treatment** for employee work related injuries and illnesses. This, coupled with the fact that employers are...

...replacement costs and lost productivity of an injured employee significantly outweigh the cost of the **medical treatment** for that employee.

Successful occupational health providers are, therefore, focused on reducing employer costs by As discussed above, specialized support staff experienced in providing occupational health is imperative. Board-certified occupational **physicians** are in short supply, but can be a

unique selling point.

The successful provider offers...

...patients to work.

Acute injury treatment and follow-up are the centerpieces of all occupational **health** programs. The **treatment** of work-related injuries and illnesses typically accounts for approximately two-thirds and three-quarters...

...revenues, respectively, and an even greater proportion of the profits generated by the successful occupational **health** programs.

## STAGE I--INITIAL TREATMENT

Initial treatment of the injured worker is how the majority of hospitals first become involved...

...break-even proposition.

## STAGE II--SHORT-TERM FOLLOW-UP CARE

Up to 25 percent of **patients** who require acute injury treatment are **referred** to specialists for follow-up care, and up to 30 percent of **patients** are **referred** to physical therapy for rehabilitation services.

The opportunity exists for the hospital providing initial treatment...early detection, and treatment of occupational hazards. Ideally, the occupational health program has a board **certified** occupational medicine **physician** spearheading this product line.

Employers typically require occupational medicine specialist services when they need an such as hernia repair, heart bypass **surgery**, or arthroscopic **surgery**. Unit pricing is probably the least complex direct contracting scenario for the hospital. Direct contracting...

**11/3,K/10 (Item 10 from file: 15)**

DIALOG(R)File 15:ABI/Inform(R)

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00662749 93-11970

**Managed care: Assessing cost and quality**

Chassen, Arnold J

Management Accounting v74n7 PP: 14-15 Jan 1993

ISSN: 0025-1690 JRNL CODE: NAA

WORD COUNT: 1479

...TEXT: of treatment. In most cases, the primary care physician is the only one who can **refer** a **patient** to specialists, order tests or procedures, and admit patients to hospitals. HMO-primary care provider...

...with increased patient volume. Enrollees may choose to see physicians who are not on the **preferred list** but do so at greater out-of-pocket expense. Deductibles and copayments are significantly lower...

...have rigid criteria will not accept everyone. What are the selection criteria? Are licensure and **credentials** reviewed? Must **physician** applicants maintain current hospital admitting privileges? Must they furnish information about malpractice claims? Are applicants...to provide specialized services such as high-risk maternity care, neonatal intensive care, open-heart **surgery**, organ transplants, and so on.

4. How does the quality of care affect physician compensation...

...must travel to receive treatment? Do plans evaluate treatment to safeguard against unnecessary and inappropriate **surgery**? If so, what are the credentials and training of the individuals who perform this work...

**11/3,K/11 (Item 11 from file: 15)**

DIALOG(R)File 15:ABI/Inform(R)

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00558797 91-33154

**A Survey of Health Care: Surgery Needed**

Anonymous

Economist v320n7714 PP: S1-S18 Jul 6, 1991

ISSN: 0013-0613 JRNL CODE: ECT

WORD COUNT: 11047

...TEXT: 14th century most parts of the Holy Roman Empire had laws about medical training, the **licensing** of **doctors** and **physicians**' fees. Some of today's more business-like practices in health care --capitation payments, prospective...care. (Insurers and economists call this phenomenon moral hazard.)

\* Adverse selection. Someone who needs expensive **medical treatment** on Tuesday has a strong incentive to buy insurance on Monday. Unlike accidents, a consumer...a managed-care plan. Some plans do little more than insist on second opinions before **surgery**. But the best of them offer patients all the care they need for an annual prepayment, reversing fee-or-service **medicine**'s incentive to excessive **treatment**. HMOs have

been touted as the answer for American health care since Paul Ellwood, a... according to a curious pricing formula based on company profits. Except for accidents and emergencies, **patients** go to hospital only after being **referred** by their GP.

The main problems of the NHS emerged early, especially after it was...

...capital stock, especially hospital buildings, Or it can be explicit: long waiting lists for elective **surgery**, lists that now stand at over 1m people.

There is nothing inherently wrong with rationing...see chart 5 on previous page). This is partly habit: the Japanese prefer rest to **surgery**, and there are few long-stay facilities for the old or mentally ill. It also... unnerving results.

John Wennberg of Dartmouth Medical School in New Hampshire found huge variations in **surgery** rates in different areas of New England; later he discovered that in-patient hospital spending...

...operation. Martin Barkin, Ontario's deputy health minister, is preparing a similar video on cardiac **surgery**.

Studies by the Rand Corporation found that a third of carotid endarterectomies (an operation to...

...similar studies have produced a rule of thumb: between a quarter and a third of **surgical** and other **medical procedures** should probably not be done. The trouble, of course, lies in identifying which and in...

...the poor by a limited programme that covers everyone, but only for treatments on the **priority list**. The state has spent a couple of years arguing about where to draw the line...rates and thus the day when patients have a more intelligent say in their own **treatment**. Everything that the **medical** establishment now resists in the dubious name of clinical freedom could -- through the weapon of...

...GP system a closer link between primary and secondary care and a smaller incentive to **refer patients** to specialists.

Theory into practice

But what about the mixed record of HMOs in America...

**11/3,K/12 (Item 1 from file: 20)**

17608656 (USE FORMAT 7 OR 9 FOR FULLTEXT)

**Second Opinion**

Lauren Gelfond

JERUSALEM POST

June 29, 2001

JOURNAL CODE: WJPT LANGUAGE: English RECORD TYPE: FULLTEXT

WORD COUNT: 4562

(USE FORMAT 7 OR 9 FOR FULLTEXT)

... after something like this, says Suissa, who seven months after the shooting is still undergoing **surgery** to repair his eye socket.

"To be close to death is frightening. It was an...and Halacha. The rabbi's role includes answering questions on Jewish law, giving blessings, and **referring patients** to specific doctors, he explains.

Many kabbalistic texts include detailed regulations on how to prepare

...

... today. Prayer, he says, should be considered a first, not a last, resort, alongside standard **medical treatment**.

"Obviously, we have different factions in Judaism, including the Modern Orthodox, which reflects the Torah..."

...unable to take the leap of faith that Torah requires." Even so, he adds, "the **physician** should be regarded as the ultimate **authority** in all medical matters," even according to the Babylonian Talmud.

The power of a rabbi...me who couldn't open her mouth. I explained that I would have to perform **surgery** to restore her jaw motion. She came back the next week in tears, explaining that her rabbi told her she would not survive the **surgery**. She is in severe pain, she cannot eat or speak properly, so I told her, 'You can't go through **surgery** if you don't feel safe.'

"So I sent her to another rabbi who gave her the blessing for the **surgery**. Without his blessing, I don't know if she would have had the energy to..."

... who could do grievous economic injury to my practice," he says, suggesting that rabbis have **lists** of **preferred** doctors, and people are easily struck off the **list**.

This doctor - who is himself Orthodox, and treats patients who are primarily haredi or modern...Halacha, rabbis say.

"Rabbis should not tell you whether or not to do a certain **surgery**," says Weiner from the Jerusalem Center for Research, Medicine and Halacha.

"Only if you have..."

... leader or spiritually above other people. If there is a woman who needs a (certain **surgery** ), for example, and the rabbi says no, that is negligent, irresponsible."

Says Bardea: "Rabbis don..."

... the time for prayer. I'd relate this to a person who needs immediate medical **surgery** ."

Despite the debate, patients keep turning to rabbis for non-halachic advice, doctors report.

"We..."

### **11/3,K/13 (Item 1 from file: 148)**

DIALOG(R)File 148:Gale Group Trade & Industry DB

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13656860 SUPPLIER NUMBER: 76698246 (USE FORMAT 7 OR 9 FOR FULL TEXT)

#### **The Doctors Are In.**

Whigham-Desir, Marjorie; Waller, Candace

Black Enterprise, 32, 1, 72

August, 2001

ISSN: 0006-4165 LANGUAGE: English RECORD TYPE: Fulltext

WORD COUNT: 11525 LINE COUNT: 00966

... with the details of their candidates' experience, reputation, background, and training. All of the board- **certified physicians chosen** for inclusion on our **list** are leaders in their respective fields. We also developed a second list that features major...

...medical profession--doctors who are part-time practitioners, top-flight instructors, consulting physicians on complex **medical procedures** , or those who treat patients in emergency rooms. We close this special report with a...

...doctor who looks like them," Hood insists. "And a major part of the success of **medical treatment** is good patient-to-doctor relationships."

Alternatively, subtle and sometimes overt forms of racism largely...

...study looked at white and black patients with the same diagnosis--cardiovascular disease. The white **patients** were **referred** more often for more aggressive treatments than the blackpatients, especially black females," Hood explains.

We...

...Title: Director of pediatric neurosurgery at Johns Hopkins Medical

Institutions; professor of neurosurgery, oncology, plastic **surgery**, and pediatrics at JHMI.

Contact: 410-955-7888

Specialty: Neurosurgery

For Dr. Benjamin Solomon Carson...

...my scrubs on," explains Carson, who is also professor of pediatrics, oncology, neurosurgery, and plastic **surgery** at Johns Hopkins. "I didn't take offense and would be very nice about it...ran the division of family practice at Howard, and directed its residency training program.

#### ORTHOPEDIC SURGERY

Dr. Shearwood J. McClelland

Title: Director, department of orthopedic **surgery**, Harlem

Hospital; associate professor of clinical orthopedic **surgery**, Columbia University College of Physicians and Surgeons

Contact: 212-939-3510

Dr. Shearwood J. McClelland...

...his master's in public health from Columbia University. He did his internship in general **surgery** at St. Luke's Hospital Center and served a residency in orthopedics at the New...medicine, Stanford University School of Medicine

Contact: 650-723-2665 Stanford, CA

Specialty: Heart transplant **surgery**, echocardiography

Note: Dr. Valentine-von Kaepller is co-director of the Post-transplant Cardiac Transplant...

...Transplant Clinical Research Program.

Levi Watkins Jr., M.D.

Associate dean and professor of cardiac **surgery**, Johns Hopkins School of Medicine

Contact: 410-955-8502 Baltimore, MD

Note: Dr. Watkins is...

...he currently holds, in addition to being the first African American chief resident in cardiac **surgery**. At Harvard, he helped define the role of renin-angiotensin during congestive heart failure. In...

...at the Maxine Dunitz Neurosurgical Institute at Cedars-Sinai Medical Center; professor, department of neurological **surgery** at the University of California, Irvine Medical Center

Contact: 310-423-7900

Specialty: Neurosurgery

Dr...

...was during that apprenticeship that Black was given the opportunity to do a number of **surgeries** on animal hearts. And Keith Black learned a lot

about **surgery** then; through research, he discovered that red blood cells change shape when a patient is undergoing **surgery**.

He considers operating on the brain to be sacred territory. "You can't do a lot and move the brain without having adverse consequences," he explains. "I describe performing **surgery** this way: We try to be like a thief in the night and go into...

...water in the tumor to dissolve it.

"I want to replace the need to do **surgery**," he says.

--Mariorie Whigham-Desir

Karol E. Watson, M.D.

Assistant professor of medicine in...IL

Note: Known for work on hair transplantation, especially with African American women, and skin **surgery**, Dr. Earles developed and patented a product for the treatment of dandruff (as well as...Center

Contact: 313-593-7819 Dearborn, MI

Specialty: Urogynecology

Note: An expert in pelvic reconstructive **surgery**, Dr. Mallett is one of the few physicians to perform the "Tension-Free Vaginal Sling..."

...Hills, MA. Lahey Clinic Medical Center

Note: Renowned for work in clinical gynecology and gynecologic **surgery**, Dr. Hurd has done major research on breast and cervical cancer screening, mechanisms of pelvic support, and reconstructive pelvic **surgery**. He chaired the department of gynecology, Lahey Clinic Medical Center, from 1988 to 2000.

E...CA Hospital of the Good Samaritan, Los Angeles; Huntington Memorial Hospital, Pasadena, CA

Specialty: Ocular **surgery**

Note: Dr. Anders is a pioneer in glaucoma treatment in African Americans, and a fellow...

...He also focuses on infant and pediatric eye care and vision-related learning disorders.

**ORTHOPEDIC SURGERY**

Cato T. Laurencin, M.D.

Clinical professor of orthopedic **surgery** at the Medical College of Pennsylvania-Hahnemann University School of Medicine; professor of chemical engineering at Drexel University

Contact: 215-895-6210 Elkins Park, PA

Specialty: Shoulder **surgery**, sports medicine

Note: Dr. Laurencin has dual degrees in biochemical engineering and biotechnology. He is...

...Parks, M.D.

Assistant attending orthopedic surgeon, New York-Presbyterian

Hospitals; assistant professor of orthopedic **surgery**. Columbia University College of Physicians & Surgeons

Contact: 212-305-0403 New York, NY

Specialty: Bone...

...knee and joint fusion or replacement.

Claudia L. Thomas, M.D.

Assistant professor of orthopedic **surgery**, Johns Hopkins School of Medicine

Contact: 410-955-2617 Baltimore, MD

Note: Dr. Thomas is...

...Ade-Kunle Williams, M.D.

Assistant director of spinal fellowships, USC Center for Orthopedic Spinal **Surgery**; assistant professor of clinical orthopedics, USC School of Medicine

Contact: 323-442-5319 Los Angeles...

...Note: Dr. Williams specializes in treating complex deformities, cervical, thoracic, and lumbar fractures, revision spine **surgery**, scoliosis, and spine tumors and infections. He co-founded the Orthopedic Center at USC, and...

...her own practice. The doctor performs all types of ear, nose, and throat services, including **surgery** -from pediatrics to head and neck cancer.

ERNEST M. MYERS, M.D.

Private practice; professor...

...otolaryngology, Howard University Hospital.

Contact: 202-865-1431 Washington, D.C.

Specialty: Head and neck **surgery**

Note: Dr. Myers is a renowned surgeon and educator. He is past president of the...overall quality of healthcare," says Brown. "Substance abuse and dependence are diseases."

--Matthew S. Scott

## **SURGERY**

Dr. LaSalle D. Leffall Jr. & Dr. Clive O. Callender

Title: Dr. Leffall: Charles R. Drew professor of **surgery**, Howard University Hospital

Title: Dr. Callender: chair, department of **surgery**, and director, Howard University Hospital Transplant Center

Contact: 202-865-6237; 202-865-1441

LaSalle...

...firsthand that disease and terminal illness don't discriminate based on income.

Each man chose **surgery** because it is usually "rapidly rewarding,"

the phrase Callender uses to describe the immediate gratification a successful **operation** provides. As a **medical** student, Leffall also noticed that surgeons are the ones who get things done.

"General **surgery** was challenging but transplantation was relatively new in 1973 and I was intrigued by it...She received the Minority Investigators award from the National Heart, Lung, and Blood Institute.

#### **PLASTIC SURGERY**

Lloyd B. Gayle, M.D.

Chief of plastic **surgery**, New York-Presbyterian Hospitals; associate professor of clinical **surgery** and director, plastic **surgery** resident education, Weill Medical College of Cornell University

Contact: 212-452-5121 New York, NY...

...especially hand and microsurgery. He works extensively with orthopedic trauma and also acts as primary **surgery** consultant on pediatrics plastic reconstructive **surgery**.

#### **NEUROLOGY**

Dr. Alexa Canady

Title: Chief of neurosurgery and Peter Schotanus professor in pediatric neurosurgery...

...Hospital of Philadelphia. In May 1984. when she was certified by the Board of Neurological **Surgery**, she became the first black female neurosurgeon in the United States.

--Marjorie Whigham-Desir

#### **PSYCHIATRY...**

...Neurology, and on the curriculum committee of the American Association of Directors of Residency Training.

#### **SURGERY**

Edward E. Cornwell III, M.D.

Associate professor of **surgery** and of anesthesiology and critical care medicine, and director of adult trauma service, Johns Hopkins...

...and outreach too at-risk youth. He is a fellow of the American Board of **Surgery** in General **Surgery** and Critical Care.

Kenneth A. Forde, M.D.

Attending surgeon and vice chair, external affairs, department of **surgery**, New York-Presbyterian Hospitals; Jose M. Ferrer professor of clinical **surgery**, Columbia University College of Physicians and Surgeons

Contact: 212-305-5394 New York, NY

Note: Considered an expert on colonoscopy and colorectal **surgery**, he is a member of the Scientific Advisory Board on Colorectal Cancer for the American...

...Show and did a segment on colonoscopy.

Terrence M. Fullum, M.D.

Director of laparoscopic **surgery** and vice chairman, department of **surgery**, Providence Hospital

Contact: 202-529-6801 Washington, D.C.

Specialty: Laparoscopic **surgery**

Note: Dr. Fullum is an expert on laparoscopic **surgery**, ( **surgery** done by laser via a small incision). He is certified by the American Board of **Surgery**, the American College of Surgeons, the Society of American Gastro and Endoscopic Surgeons, and the American Society of General Surgeons.

Claude H. Organ Jr., M.D.

Professor, department of **surgery**, University of California, Davis: chair, UC Davis-East Bay Surgical Residency Program

Contact: 510-437...

...Dr. Organ was the first African American to be chairman of the American Board of **Surgery**. He is internationally recognized, an honorary fellow of the Royal College of Surgeons. Organ is...8955 New York, NY

Specialty: Breast disease

Note: Dr. Petersen is also assistant professor of **surgery**, Albert Einstein College of Medicine. Known for his community outreach, he is on the board...

...Chief of kidney transplantation, and associate director of Howard Hospital Transplant Center, assistant professor of **surgery**, Howard University School of Medicine

Contact: 202-865-1659 Washington, D.C.

Note: Dr. West is board certified in **surgery** and a member of the International Pancreas and Islet Transplant Association, AMA, NMA, the American...

...Associate medical director, Crawford Long Hospital of Emory University; clinical associate professor, urology, department of **surgery**, Emory School of Medicine; clinical instructor, **surgery**, Morehouse School of Medicine

Contact: 404-881-0966 Atlanta GA

Note: Dr. Bennett pioneered laparoscopic techniques in urologic **surgery** and for bladder reconstruction and urinary diversion.

CARDIOLOGY

Dr. Christopher J.W.B. Leggett

Title...

...E. Royal

Jenelle E. Foote, M.D.

Private practice; clinical assistant professor, urology, department

of **surgery**, Emory School of Medicine; assistant clinical professor, department of OB-GYN, Morehouse School of Medicine...

...the American Board of Urology.

Gerald P. Hoke, M.D.

Chief of urology, department of **surgery**, Harlem Hospital Center; assistant professor of clinical urology, Columbia University College of Physicians and Surgeons...

...Lionel B. Fraser Jr., M.D.

Founding partner; Metropolitan Urology. P.A.; clinical instructor of **surgery** (urology), University of Mississippi School of Medicine

Contact: 601-982-0982 Jackson, MS

Note: Dr...

...of urology and medical director, Management Services Organization, Mercy Hospital Medical Center; assistant professor of **surgery**, University of Illinois Abraham Lincoln School of Medicine

Contact: 312-842-4400 Chicago, IL

Note...

...is board certified by the American Academy of Pediatrics.

Harold P. Freeman, M.D.

President of **surgery**, North General Hospital; professor of clinical **surgery** at Columbia University College of Physicians and Surgeons

Note: Dr. Freeman is an administrator now, but he still performs **surgery**. He is renowned for his work in breast cancer research in African Americans. He has...

### **11/3,K/14 (Item 2 from file: 148)**

DIALOG(R)File 148:Gale Group Trade & Industry DB

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10423229 SUPPLIER NUMBER: 21060987 (USE FORMAT 7 OR 9 FOR FULL TEXT)

**Healthcare organizational change: implications for access to care and its measurement.**

Miller, Robert H.

Health Services Research, v33, n3, p653(28)

August, 1998

ISSN: 0017-9124 LANGUAGE: English RECORD TYPE: Fulltext; Abstract

WORD COUNT: 11184 LINE COUNT: 00933

... HMO enrollees had fewer hospital admissions and days; less utilization of more costly tests and **procedures** and home healthcare visits; lower satisfaction with perceived physician interpersonal skills

and quality of care but higher satisfaction...HMO penetration states were significantly more likely to have a serious problem with limitations on **referring patients** to specialists of the physician's choice or to appropriate specialists, and with limitations on...

...diagnostic tests and procedures thought best for patients. They also had more serious problems with **patients** who should have been **referred** for medical attention sooner, and with financial incentives to do less for patients than what...

...or somewhat satisfied with their ability to obtain specialty referrals when they felt that the **referrals** were necessary, while for their capitated **patients**, only 50 percent were very or somewhat satisfied. However, satisfaction increased as group size increased...wants to see a specialist, it is the provider organization, not the HMO, that often **authorizes** the visit. Moreover, **specialist** referral policies will vary among capitated provider organizations, even if the same HMO capitates each

...

...of physicians who were somewhat satisfied or very satisfied with their ability to obtain specialty **referrals** for capitated **patients** rose from 40 percent to 70 percent. This may suggest that organizations with more experience...method of attracting and especially retaining enrollees. In some cases, capitated organizations have abandoned prior **authorization** of many **specialist** visits and procedures (other than ones that are very expensive), while in other cases they...economic incentive to make the improvement, and it can drop down on a manager's **priority list** of new initiatives. Although the introduction of HEDIS and other measures of access and quality...

### **11/3,K/15 (Item 3 from file: 148)**

DIALOG(R)File 148:Gale Group Trade & Industry DB

(c) 2009 Gale/Cengage. All rts. reserv.

08203851 SUPPLIER NUMBER: 16654971 (USE FORMAT 7 OR 9 FOR FULL TEXT)

**Techniques for managing quality. (in the healthcare setting)**

Plsek, Paul E.

Hospital & Health Services Administration, v00000040, n1, p50(30)

Spring, 1995

ISSN: 8750-3735 LANGUAGE: English RECORD TYPE: Fulltext; Abstract

WORD COUNT: 11238 LINE COUNT: 00929

... team might now want to know, What percentage of missing medical records are associated with **patients** who are **referred** for an appointment to a specialist later in the same day that they saw their...of interest, silent brainstorming of ideas, boarding those ideas, discussing

as a group, multivoting to **prioritize** the **list**, and discussing again to confirm a final decision. Similarly, many other popular group consensus techniques...who followed him led to sets of measures for structure (e.g., number of board- **certified physicians** ), process (e.g., frequency of use of urinary catheters more than 48 hours following **surgery** ), and outcome (e.g., mortality rate). Today, measurements such as these, along with QA committees...

**11/3,K/16 (Item 4 from file: 148)**

DIALOG(R)File 148:Gale Group Trade & Industry DB

(c) 2009 Gale/Cengage. All rts. reserv.

06478126 SUPPLIER NUMBER: 13928478 (USE FORMAT 7 OR 9 FOR FULL TEXT)

**Managed care: assessing cost and quality. (Financial Manager)**

Chassen, Arnold J.

Management Accounting (USA), v74, n7, p14(2)

Jan, 1993

ISSN: 0025-1690 LANGUAGE: ENGLISH RECORD TYPE: FULLTEXT; ABSTRACT

WORD COUNT: 1578 LINE COUNT: 00131

... of treatment. In most cases, the primary care physician is the only one who can **refer** a **patient** to specialists, order tests or procedures, and admit patients to hospitals. HMO-primary care provider...

...with increased patient volume. Enrollees may choose to see physicians who are not on the **preferred list** but do so at greater out-of-pocket expense. Deductibles and copayments are significantly lower...

...have rigid criteria will not accept everyone. What are the selection criteria? Are licensure and **credentials** reviewed? Must **physician** applicants maintain current hospital admitting privileges? Must they furnish information about malpractice claims? Are applicants...to provide specialized services such as high-risk maternity care, neonatal intensive care, open-heart **surgery**, organ transplants, and so on.

4. How does the quality of care affect physician compensation...

...must travel to receive treatment? Do plans evaluate treatment to safeguard against unnecessary and inappropriate **surgery**? If so, what are the credentials and training of the individuals who perform this work...

**11/3,K/17 (Item 5 from file: 148)**

DIALOG(R)File 148:Gale Group Trade & Industry DB

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06413000 SUPPLIER NUMBER: 13537223 (USE FORMAT 7 OR 9 FOR FULL TEXT)

**Caring but sharing. (rationing in health care)**

Milne, Kirsty

New Statesman & Society, v6, n241, p15(2)

Feb 26, 1993

ISSN: 0954-2361 LANGUAGE: ENGLISH RECORD TYPE: FULLTEXT; ABSTRACT

WORD COUNT: 1822 LINE COUNT: 00141

... not stretching far enough. So the "Oregon experiment" tried to identify a core of essential **medical procedures** that the state was prepared to pay for. By restricting the treatments people were entitled...

...if popular prejudice means that care for Aids patients comes low on the public's **list of priorities** ?

In Hackney, east London, Dr Ann Bowling asked a random sample of 400 people to...

...by the King's Fund College, shows the public giving top priority to hi-tech **surgery** and life-saving treatments such as bone-marrow transplants for children dying of leukaemia. These...

...for elderly people with chronic conditions. Family planning and health education came low on the **list** - yet they were top **priorities** for the public health **doctors** who influence the health **authority**'s purchasing decisions.

Critics of such surveys say members of the public do not know...group of health economists who have developed a system for comparing the cost-effectiveness of **health treatments** through units called "Qalys", or quality adjusted life years. These relate the cost of, say...

...of treatment. These included: infertility treatments such as IVF; tattoo removal; various forms of cosmetic **surgery**; operations to correct bat ears in adults; and operations on varicose veins that were not...

...so long, they should consider removing some nonurgent cases altogether, such as patients waiting for **surgery** on benign lumps, tattoos, or varicose veins. This advice was leaked to the Guardian, causing...

...policy is for consultants to talk to GPs work out "protocols", which state when a **patient** should be **referred** to hospital, and when the GP should simply keep an eye on them. It is...

**11/3,K/18 (Item 6 from file: 148)**

DIALOG(R)File 148:Gale Group Trade & Industry DB

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05486927 SUPPLIER NUMBER: 11463303 (USE FORMAT 7 OR 9 FOR FULL TEXT)

**Militant medicine. (Civilian Health and Medical Program of the Uniformed Services Reform Initiative)**

Stern, Linda

Business & Health, v9, n11, p70(7)

Oct, 1991

ISSN: 0739-9413 LANGUAGE: ENGLISH RECORD TYPE: FULLTEXT

WORD COUNT: 2685 LINE COUNT: 00215

... military hospital close by, a military family could wait months or even years for some **surgeries**, like hip replacements. Families that woke up in the night with a sick child had...aren't wasted by patients who go to doctors who can't help them; and **patients** are **referred** to physicians who have already agreed to accept lower fees in exchange for being preferred...

...have psychological problems are steered first to a health care finder, who gives them a **list** of three **preferred** providers that are matched to the patient's specific problem.

Outpatient cases are reviewed after...

...that are a little more complicated to produce. In San Francisco, for example, "downtown" cardiac **surgery** cases were costing the CHAMPUS program about \$5 million a year, according to Drake. Foundation the **surgery** for reduced fees. "We got bids from five cardiac teams, and selected the one that..."

...data.

With that contract in hand, Foundation turned to the second part of the cardiac **surgery** expense--hospital costs. It discovered that by buying its own cardiac **surgery** support equipment, and setting up a "center of excellence" at Letterman Army Medical Center in...

...case saves significant money. He and Drake estimate annual savings on San Francisco area cardiac **surgery** alone to be in the \$2 million range eventually.

Currently, **surgeries** are only performed at Letterman, with Foundation providing private surgeons, operating room personnel, heart pumps...

...and deal directly with hospitals that were willing to focus on particular problems, like cardiac **surgery**, suggests Crowley. Companies could band together to set up service centers staffed by health care...  
...control.

"We have proven that you can do this," says Crowley. "You can create and **credential** limited panels of **physicians**; you can create shifts of volumes by pricing incentives; you can create meaningful discounts; you..."

**11/3,K/19 (Item 1 from file: 636)**

DIALOG(R)File 636:Gale Group Newsletter DB(TM)

(c) 2009 Gale/Cengage. All rts. reserv.

04897760 Supplier Number: 62052197 (USE FORMAT 7 FOR FULLTEXT)

**New Medical Errors Research Study Released.(Brief Article)**

Biomedical Market Newsletter, v10, n3, p74

March 31, 2000

Language: English Record Type: Fulltext

Article Type: Brief Article

Document Type: Newsletter; Refereed; Trade

Word Count: 19237

... well as responses by individual agencies of the QuIC.

National Focus and Leadership Center for **Patient Safety**

**IOM Recommendation**

Congress should creates a Center for **Patient Safety** within the Agency for Health Care Policy and Research. This Center should:

\* Set the...research is sparse regarding the patient's role in error reduction (e.g., wrong-site **surgery**, medication errors).

In general, further research is needed on how best to measure medical errors...patients and are preventable, given the current state of knowledge.

Examples of such events are: **surgery** on the wrong body part, **surgery** on the wrong patient, and suicide while the patient is being watched to prevent a...designed to reduce errors and enhance patient safety.

\* OPM will encourage health plans to annotate **Preferred Provider Organization (PPO)** **directories** to indicate which hospitals and physicians' offices use automated information systems.

\* FDA will improve the...coordination with state governments and other agencies involved with licensing and certification bodies, will assist **licensing** bodies to assure continuing competence among **practitioners** and to take appropriate actions to protect against unsafe providers. This will include provision for...substantial resources to further research; the use of information systems; and the redesign of systems, **procedures**, and **medical** products.

**Building Public Awareness of Medical Errors**

Well-informed patients are key participants in the...Using Standardized Procedures, Checklists, and the Results of Human Factors Research

Embedding checklists and standardized **procedures** in **medical** devices (as has been done with anesthesia gas machines) needs to be expanded to many...al. The incidence and nature of surgical adverse events

in Colorado and Utah in 1992. **Surgery** 1999;116:66-75.

Gebhart F. VA facility slashes drug errors via bar-coding. Drug...  
Safety Programs

WASHINGTON DC -- APRIL 3, 2000 -- New legislation to prevent medical errors would require **healthcare** facilities to establish safety **procedures** and report incidents involving serious error.

The Stop All Frequent Errors (SAFE) in Medicare and...

**11/3,K/20 (Item 1 from file: 149)**

DIALOG(R)File 149:TGG Health&Wellness DB(SM)

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01940638 SUPPLIER NUMBER: 65909350 (USE FORMAT 7 OR 9 FOR FULL TEXT)

**Justice and Managed Care.**

EMANUEL, EZEKIEL J.

The Hastings Center Report, 30, 3, 8

May,  
2000

PUBLICATION FORMAT: Magazine/Journal; Refereed ISSN: 0093-0334

LANGUAGE: English RECORD TYPE: Fulltext; Abstract TARGET AUDIENCE:

Academic; Professional

WORD COUNT: 7722 LINE COUNT: 00659

... a basic benefits package, or which services should receive the highest funding priority. At the **patient** care level, allocation **refers** to which specific **patients** should obtain naturally or socially scarce services, such as organ transplantation or in-patient psychiatric... for-profit managed care organizations force competing nonprofit organizations to re-examine and streamline their **operations**.

If allocating **health** care resources to profit truly creates a more efficient health care system that improves people...about paradigmatic services to surveys about the ranking of services, to the establishment of research **priorities** and the specification of a comprehensive **list** of intervention-condition pairs.

Consent and the Market

There are many different ways of combining...

...an improvement in the sense of community essential to the most cost-effective delivery of **health** services.(31) Second, **procedures** for consent to the allocation of health care ...Many managed care organizations use financial incentives that are linked to withholding tests, interventions, and **specialist** referrals.(32) Those with **authority** for a managed care organization's allocation of resources may have financial incentives that are...

**11/3,K/21 (Item 2 from file: 149)**

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01925535 SUPPLIER NUMBER: 63971435 (USE FORMAT 7 OR 9 FOR FULL TEXT)

**The BMA's annual representative meeting.(Medicopolitical Digest)**

Beecham, Linda; Ferriman, Annabel

British Medical Journal, 321, 7253, 116

July 8,

2000

PUBLICATION FORMAT: Magazine/Journal; Refereed ISSN: 0959-8146

LANGUAGE: English RECORD TYPE: Fulltext TARGET AUDIENCE: Professional

WORD COUNT: 5761 LINE COUNT: 00444

... support of the whole college or of the trainees, is for a specialist grade for **doctors** who had completed their **certificate** of completion of **specialist** training. The junior doctors conference passed a similar motion last month (17 June, p 1675...their families.

Dr Edward Borman, chairman of the BMA's international committee, who spoke in **favour** of the motion, assured the representatives, however, that such a **database** would be voluntary and confidential. The meeting also recommended that the BMA should waive its...for testing on the grounds that a "single error or delayed reaction" in medicine or **surgery** could be fatal. Professionals in other areas were required to agree to testing, so why...the NHS was unwilling to invest in preventing smoking related illnesses it should question its **treatment** of people whose poor **health** resulted from their being overweight. "Vote for patients' lives," he said, "vote for equality and...BMA's guidelines. Despite his cooperation to achieve a settlement, BUPA had written to his **patients** and **referring** GPs. The letters were considered to be defamatory and damaged his practice, his income, and...

**11/3,K/22 (Item 3 from file: 149)**

DIALOG(R)File 149:TGG Health&Wellness DB(SM)

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01827567 SUPPLIER NUMBER: 20165070 (USE FORMAT 7 OR 9 FOR FULL TEXT)

**Medical necessity in Canadian health policy: four meanings and...a funeral?**

Charles, Cathy; Lomas, Jonathan; Giacomini, Mita

The Milbank Quarterly, v75, n3, p365(30)

Fall,

1997

PUBLICATION FORMAT: Magazine/Journal ISSN: 0887-378X LANGUAGE: English

RECORD TYPE: Fulltext; Abstract TARGET AUDIENCE: Academic; Professional

WORD COUNT: 11177 LINE COUNT: 00946

... inherent element of specific programs or services. Politicians and others used it to justify their **favored** laundry **list** of services or programs (e.g., home care) to include under a national public health...

...The Ontario government, for example, in its submission to the Royal Commission on Health Services, **recommended** that in- **patient** care in mental hospitals be included in the national program, directing that the burden of...necessary service (Hall and Anderson 1992; Shainblum 1995).

Canadians during this period trusted the professional **authority** of medicine as an institution and **physicians** as **practitioners**. This **authority** was sustained by the perceived dominance of medical expertise within the health division of labor...originated in the research of the 1980s and 1990s on the effectiveness and appropriateness of **medical treatments** and **procedures** (Berwick 1989; Brook 1989; Wennberg 1990; Lomas 1990a; Evidence-Based Care Resource Group 1994a,b,...Wu, G. Fehringer, E.J. Holowaty, and D. Naylor. 1994. Variation in Breast Cancer **Surgery** in Ontario. Canadian Medical Association Journal 150:345-52.

Klein, R. 1994. Can We Restrict the...

...E. Park, et al. 1993. The Appropriateness of Use of Coronary Artery Bypass Graft **Surgery** in New York State. Journal of the American Medical Association 269:753-60.

Lipset, S.M...

...al. 1994. Comparison of the Appropriateness of Coronary Angiography and Coronary Artery Bypass Graft **Surgery** between Canada and New York State. Journal of the American Medical Association 272:934-40.

McPherson...

### **11/3,K/23 (Item 4 from file: 149)**

DIALOG(R)File 149:TGG Health&Wellness DB(SM)

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01801950 SUPPLIER NUMBER: 21195468 (USE FORMAT 7 OR 9 FOR FULL TEXT)

### **What could have saved John Worthy? (case study analyzing decision making in managed care health plans)**

The Hastings Center Report, v28, n4, pS1(17)

July-August,

1998

PUBLICATION FORMAT: Magazine/Journal ISSN: 0093-0334 LANGUAGE: English

RECORD TYPE: Fulltext TARGET AUDIENCE: Professional

WORD COUNT: 13242 LINE COUNT: 01042

... neither the Worthys nor Dr. Davis were very familiar with the HMO's rules and **procedures**, since Dr. Davis's **medical** group was relatively new to GoodCare too.

A year ago the medical group, weary from...many years with little result. Thus, they installed the primary care case management model, the **preferred** hospital and specialist **list** with discounted fees, and their utilization management system. Patients were still free to visit any.... that.)

My own skills enable me to diagnose and treat over 90 percent of my **patients**' symptoms, but for some **patients** a **referral** is indicated. For the kind of problems Mr. Worthy was experiencing I sometimes **refer** the **patient** directly to the emergency room for evaluation and treatment. Determining just how "emergent" a problem...

...increasingly important (for my financial well-being and the plans') that I authorize only "appropriate" **referrals**. As a result, I sometimes manage **patients**' symptoms or diagnoses for which my skills are adequate but not as good as a...

...or ER right away.

My practice is increasingly monitored for utilization (rates and costs of **outpatient** visit, specialist, and ER **referrals**, x-ray and pharmacy costs, etc.), adherence to preventive health measures, and the quality of...

...much as I hate to admit it, the close scrutiny also affects my advice to **patients** with regard to **referrals**. Not only am I increasingly held accountable for the costs of specialty care, some managed...

...for the Worthys and me. Relying on patients' discretion is often not clinically appropriate. Requiring **patients** to see me for an ER **referral** typically elicits anger at me (not the managed care plan) and I find myself having...

...of "population-based medicine." At the same time, I can see that if I simply **refer** **patients** to the ER for problems that I could have evaluated and treated, especially an ER...complaint of "headache." A CT scan might have saved Mr. Worthy's life.

When a **patient** declines to follow my **recommendations** for diagnosis and **treatment** of a **medical** problem I face a dilemma: how strongly should I try to convince the **patient** to go along with my **recommendations**? When I think the **patient** risks a high likelihood of harm I actually have no dilemma. I reason; I argue; and if necessary I cajole in trying to persuade the **patient** to follow the **recommended** course of action. I am not above asking any relatives present with the patient to...

...dire consequence, as in Mr. Worthy's case, I am less aggressive about persuading the **patient** to follow **recommendations**.

I believe strongly in **patient** autonomy and the right to choose. Many of my emergency physician colleagues have two rules...

...to forgo resuscitation or as minor as to forgo stitches for a wound.

Once a **patient** decides to refuse my **recommendation** for something that would help diagnose a condition that is uncommon but serious, such as

...

...weight.

Mr. Worthy was not the first patient who refused to have tests I have **recommended**. **Patients** have refused to undergo tests because of the pain associated with the procedures. Mr. Worthy...problem. From the way Mrs. Worthy described the situation it seemed they needed a medical **doctor** to **authorize** an emergency room visit and tests. And if I put Mrs. Worthy through to the...medical care process. The design we created is built around being able to select competent, **qualified** primary care **physicians** to play the key role as patient care managers. We encourage primary care providers to...of the American Medical Association 273 (1995): 338-39.

Norman Daniels, James Sabin, "Limits to **Health** Care: Fair **Procedures**, Democratic Deliberation, and the Legitimacy Problem for Insurers," *Philosophy and Public Affairs* 26, no. 4...

### **11/3,K/24 (Item 5 from file: 149)**

DIALOG(R)File 149:TGG Health&Wellness DB(SM)

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01784912 SUPPLIER NUMBER: 20994934 (USE FORMAT 7 OR 9 FOR FULL TEXT)

### **Assessing priorities for allocation of donor liver grafts: survey of public and clinicians.**

Neuberger, James; Adams, David; MacMaster, Paul; Maidment, Anita; Speed, Mark

British Medical Journal, v317, n7052, p172(4)

July 18,  
1998

PUBLICATION FORMAT: Magazine/Journal ISSN: 0959-8146 LANGUAGE: English

RECORD TYPE: Fulltext; Abstract TARGET AUDIENCE: Professional

WORD COUNT: 3226 LINE COUNT: 00306

The number of **patients** being **referred** and accepted for liver transplantation is increasing. Thus, in the United Kingdom at the end...

...before undertaking the questionnaire, were selected to highlight specific problems and are all based on **patients referred** to us. The focus of the question is indicated in parentheses for simpler reporting of

...

...select four of seven possible criteria that should be used for allocation.

\* Time on waiting **list**--patients who have waited longer should be given **priority**

\* Age--patients aged under 5 years should be given priority

\* "Value to society"--those of...one practitioner per practice; within regions the selection of practices was random. Of the family **doctors** questioned, 84% were men, 47% were **qualified** before 1975, 43% were fund holders, 19% were in single handed practices, and 11% were in dispensing practices. Of the total, 32% had **referred** or looked after **patients** after liver transplantation.

Gastroenterologists--Senior gastroenterologists looking after adult or paediatric patients but working outside...B15 2TH

James Neuberger, consultant physician

David Adams, professor of hepatology

Paul MacMaster, professor of **surgery**

MORI, London SE1 0HX

Anita Maidment, senior research executive

Mark Speed, research director

Correspondence to...

### **11/3,K/25 (Item 6 from file: 149)**

DIALOG(R)File 149:TGG Health&Wellness DB(SM)

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01492001 SUPPLIER NUMBER: 15749443 (USE FORMAT 7 OR 9 FOR FULL TEXT)

#### **Waiting times: monitoring the total postreferral wait.**

Smith, Trevor

British Medical Journal, v309, n6954, p593(4)

Sept 3,

1994

PUBLICATION FORMAT: Magazine/Journal ISSN: 0959-8146 LANGUAGE: English

RECORD TYPE: Fulltext; Abstract TARGET AUDIENCE: Professional

WORD COUNT: 3094 LINE COUNT: 00274

... information systems) the total time that patients have to wait between the initial general practitioner **referral** for an **outpatient** appointment and admission for treatment. I **refer** to this as the postreferral waiting time. The third aim was to assess the advantages...

...currently used true inpatient waiting time as a monitoring and decision making tool for general **practitioner** and health **authority** purchasers.

#### **WAITING LISTS**

There are three types of waiting list in Scotland. These are the...

...patients awaiting tattoo removals. Providers now, however, can extend its use to other groups, including **patients** whom general practitioners **refer** to named consultants rather than to colleagues of the consultants with lower workloads. The Scottish...

...exclude exempted patients from published figures soon. In England the usual procedure is for low **priority** patients not to be placed on any waiting **list**.

The precise point at which patients who are not immediately ready for an operation because...

...dates required for monitoring postreferral waiting times retrospectively are those on which the general practitioner **referral** letter was received at the **outpatient** clinic and the date of admission. For ...the Data Protection Act 1984.

Records of patients admitted to hospital for operations in general **surgery**, orthopaedics, urology, otolaryngology, ophthalmology, and gynaecology during June to August 1993 were selected from the...

...of Scotland) to the outpatient file to determine the date on which the general practitioner **referral** letter was received at the **outpatient** clinic. From this the postreferral waiting time was calculated. A similar process yielded postreferral waiting...

...the average 110 days that patients had to wait between the general practitioner **referral** letter being received at the **outpatient** clinic and hospital admission --that is, the postreferral waiting time--was spent on the true...

...Of the remainder, around one third (35 days; 32%--from 27% in otolaryngology and general **surgery** to 43% in orthopaedics) was spent on the outpatient waiting list and one sixth (17...

...32 days) waiting between waiting lists (table II). [TABULAR DATA II OMITTED]

Even when the **outpatient referral** date was taken as the starting point, rather than the date placed on the true...

...of

within stated number of      months of general practitioner  
                                  months of being placed on true    **referral**  
letter being received

Months	<b>inpatient</b> waiting list	by hospital
3	78.1 (228)	25.0 (73)

6 94.5 (276...like cancer, in which early diagnosis may be vital.[6] Extending the monitoring process to **outpatient referrals** would help to ensure that the referral pattern of general practitioner fundholders is not distorted...

...concerned the total length of time that they have to wait for treatment after being **referred** by their general practitioner for an **outpatient** appointment--the postreferral wait--is likely to be more important than just the time they...

...the rest waiting between lists

\* The postreferral waiting time--which refers to the period between **referral** by the GP to a consultant **outpatient** clinic and admission for treatment--is a more accurate measure of the waiting time

\* In...

**11/3,K/26 (Item 7 from file: 149)**

DIALOG(R)File 149:TGG Health&Wellness DB(SM)  
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01422312 SUPPLIER NUMBER: 14018531 (USE FORMAT 7 OR 9 FOR FULL TEXT)

**Citizen's advice in general practice.**

Paris, Jim A.G.; Player, David

British Medical Journal, v306, n6891, p1518(3)

June 5,

1993

PUBLICATION FORMAT: Magazine/Journal ISSN: 0959-8146 LANGUAGE: English

RECORD TYPE: Fulltext; Abstract TARGET AUDIENCE: Professional

WORD COUNT: 1967 LINE COUNT: 00215

... willingness to include the worker as a full member of the practice team. The practices **chosen** contained 39 general practitioner principals serving a **list** population of 64779.

Two half time, trained advisers were recruited by the citizens advice bureaus...

...by the adviser.

The form contained a brief statement defining the purpose of the study. **Patients** were **referred** by their doctor or other member of the practice team. Direct access was not provided...general practitioner or a member of the practice team, so all had presented to the **surgery** with a health problem. Many attended with life problems like bereavement or relationship problems. General...practices in Birmingham are now offering the service, funded directly from the family health service **authority**. This enables **doctors** to offer a service that tackles poverty directly.

Formal evaluation of this service has now...

**11/3,K/27 (Item 8 from file: 149)**

DIALOG(R)File 149:TGG Health&Wellness DB(SM)

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01413089 SUPPLIER NUMBER: 13475224 (USE FORMAT 7 OR 9 FOR FULL TEXT)

**Who's to choose? Surrogate decisionmaking in New York state.**

Moreno, Jonathan D.

The Hastings Center Report, v23, n1, p5(7)

Jan-Feb,

1993

PUBLICATION FORMAT: Magazine/Journal ISSN: 0093-0334 LANGUAGE: English

RECORD TYPE: Fulltext TARGET AUDIENCE: Professional

WORD COUNT: 6003 LINE COUNT: 00556

... the recent appellate court decision in Elbaum, involving a spouse's financial liability for unauthorized **treatment**, concluded that a **health** care provider is not responsible for costs incurred prior to a court finding of clear...advance directive or a previously appointed health care agent should be represented by a surrogate, **chosen** from a prioritized **list** that includes family members and a close friend. The surrogate should decide in accordance with...

...decisions to forgo life-sustaining treatment there are certain conditions that constrain surrogate authority.

The **recommendations** concerning incapacitated adult **patients** for whom no surrogate is available vary according to the category of treatment. The expressions in quotation marks are given definitions that I will discuss below. "Routine **medical treatment**" may be provided on the decision of the attending physician. "Major **medical treatment**" may be administered on the decision of the attending physician in consultation with other caregivers...

...and continuous contact with the child. Emancipated minors with capacity, as determined by an attending **physician**, would have **authority** to decide about life -sustaining treatment, with the approval of a bioethics review committee. Parents...recognizing the right of family members to consent to treatment be given statutory recognition. A **priority list** of surrogates is specified, beginning routinely enough with a court-appointed guardian, but the following places on the **list** entail several innovations. Thus second **priority** is granted to an individual "designated by others on the **list**," an attempt to maximize harmony and cooperation among those close to the patient. The next...

...costs if the competent patient had made the decision. Finally, conflicts among individuals on the **priority list** are to be referred to a mediation system established by the health care facility.

The innovative categories in the **priority list** are those of the person designated by the others and the close friend. While these...each person" (p. 106), an important phrase to which I shall return. In their formal **recommendation** the word **patient** is repeatedly inserted ("the patient's health . . . the patient's suffering," etc.), as though to...for surrogates. As I noted above, authority would be graded according to three kinds of **medical** decisions: routine **treatment**, major **medical treatment**, and life-sustaining **treatment**. The attending **physician** would be **authorized** to decide about routine **treatment**, defined as **health** care for which physicians do not ordinarily seek specific consent. Major **medical treatment**, which is invasive and carries potential risks, would require the attending physician to consult with...special exception for amputations that requires committee or court review of this form of major **medical treatment**. But then other examples of this sort could also be found: what about a Saikewicz...

**11/3,K/28 (Item 1 from file: 444)**

DIALOG(R)File 444:New England Journal of Med.

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00110490

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**The American Health Care System -- Managed Care (Health Policy Report)**

Iglehart, John K.

The New England Journal of Medicine

Sep 3, 1992; 327 (10),pp 742-747

LINE COUNT: 00412 WORD COUNT: 05687

**TEXT**

...agreements with physicians in an attempt to influence the frequency with which primary care doctors **refer patients**, order tests or procedures, and admit patients to the hospital. Physicians often assume this gatekeeping doctors in HMOs places them in positions of greater **authority** in relation to **specialists** than is the case in the traditional system. Ironically, managed care plans find it increasingly...

...fee schedule. Enrollees are offered better coverage if they agree to see physicians on the **preferred list**, which is generally assembled by either insurers or employers, but the plan makes no provision...care plans are beginning to use new computer-based programs to review the

appropriateness of **surgical** and diagnostic **procedures**. Several HMOs are experimenting with programs in which payment to primary care physicians is based...

...to influence physicians' choices in the direction of increased value. Managed care organizations therefore seek **physicians** with appropriate professional **credentials** and practice characteristics, and a willingness to accept their philosophy. Finding and training physicians who...

...time period. The system also measures the frequency with which physicians order diagnostic tests and **refer patients**, how they code and charge for visits, and how often their patients change doctors or...

## **V. Additional Resources Searched**

No results were found in the Internet & Personal Computing Abstracts through EBSCO.  
No results were found in the Financial Times through Proquest.